|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | |  | **Campus** |  |
|  |  | |  |  |  |
| **Beginning Date** | |  |  | **Total Days** |  |

**REASON FOR ABSENCE: CHECK ONE** (If school business, please list event or training attended.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Personal Leave** |  | **Sick Leave** |
|  | Personal leave will be deducted from local leave, then state personal leave.  Employee or family illness or Dr. Appt./Bereavement Leave will be deducted from local leave, then accumulated state sick leave, then state personal leave. | | |
|  | Local Leave:  Each full-time employee earns (5) days local leave per year. Unused local leave is not accumulative. | | |
|  | State Personal Leave:  Each full-time employee earns (5) days personal leave per year. Unused personal leave is accumulative, beginning August 14, 1995. | | |
|  | Accumulated State Sick Leave:  Can only be used when sick, and is governed by prior law. Refers to state sick leave accrued before May 30, 1995. | | |
|  | **School Business:** (Name of Event or Training) | |  |
|  | **Jury Duty:**  Each employee having to serve is excused from work with full pay. Also, the employee may keep his/her jury duty compensation. | | |
|  |
|  | **Non-Duty Day:** | | |
|  | **Comp Time:** (Attach Accrued Comp Time Report) | | |
|  | **Leave without pay:**  Employee will be docked for days absent from work. | | |
|  |

I hereby certify that the foregoing statement is true and correct.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Employee’s Signature | |  | Date |
|  |  |  |  |
| Signature of Principal/Supervisor | |  | Date |