

PERSONNEL

03.123 AP.2

Absence/Leave Affidavit

NAME OF EMPLOYEE _____ DATE(S) OF ABSENCE _____

☐ HIGHLANDS HS ☐ HIGHLANDS MS ☐ JOHNSON ELEM ☐ MOYER ELEM ☐ WOODFILL ELEM ☐ CENTRAL OFFICE**SICK LEAVE**1. ☐ **PERSONAL ILLNESS**

I do solemnly swear that on the above mentioned date(s) I was unable to perform my school/district duties and apply for Excused Sick Leave in compliance with the provisions of KRS 161.155.

2. ☐ **IMMEDIATE FAMILY ILLNESS** Designated family member (mother, father, etc.): _____3. ☐ **BEREAVEMENT** Designated family member (mother, father, etc.): _____

I do solemnly swear that on the above mentioned date I was unable to perform my school/district duties due to the illness of and/or the mourning for an "immediate family member" as defined in KRS 161.155 as "the employee's spouse, children (including stepchildren and foster children), grandchildren, daughters in law and sons in law, siblings, spouse's siblings, parents, spouse's parents, grandparents, and spouse's grandparents, without reference to the location or residence of said relative and any other blood relative who resides in the employee's home."

4. ☐ **JURY LEAVE**5. ☐ **PROFESSIONAL LEAVE** — SPECIFIC CONFERENCE, CONVENTION, VISITATION _____

Professional leave is for attendance of personnel at regional, state or national meetings and for visitation to other school systems, colleges or universities, department of education, and businesses, without pay reduction or reduction in sick leave or emergency or personal leave benefits. KRS 160.290

EMERGENCY AND PERSONAL LEAVE6. ☐ **PERSONAL LEAVE**7. ☐ **EMERGENCY LEAVE**

SPECIFIC NATURE OF ABSENCE _____

DO YOU EXPECT TO BE PAID? ☐ YES ☐ NO COMMENTS _____

EMPLOYEE TO RECEIVE REGULAR SALARY? ☐ YES ☐ NO

8. ☐ **BEREAVEMENT** (DEATH OF A RELATIVE OR PERSONAL FRIEND) __________
*Signature of Employee*_____
Signature of Principal/Supervisor

