

PERSONNEL

03.123 AP.2

Employee Leave AffidavitSchool/Location

<u>Date</u>	<u>Employee Name</u> <u>(printed)</u>	<u>Emp.</u> <u>#</u>	<u>Date(s)</u> <u>of</u> <u>Absence</u>	<u>Type of</u> <u>Absence</u>	<u>Reported</u> <u>to</u> <u>AESOP?</u>	<u>AESOP</u> <u>Confirmation</u> <u># (optional)</u>	<u>Substitute Name</u>	<u>Employee Signature</u>	<u>Supervisor</u> <u>Initials</u>

In taking a **personal day** I certify that the leave was personal in nature.In taking a **sick day** I certify that I was either:

- Ill; or
- attending a doctor appointment; or
- attending to a member of my immediate family who was ill or had a doctor appointment; or
- taking bereavement leave for a member of my immediate family.

In taking an **unpaid personal day**, I understand that if I take more than five (5) unpaid personal days I must seek approval by the Board. I also understand my retirement will be affected by these absences.S = SickP = PersonalPD = Professional
DevelopmentV = VacationJ = Jury DutyU = Unpaid PersonalO = OtherNC = Non-Contract

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Employee Absence

Employee Name (PRINTED)					<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		TYPE OF LEAVE	APPROVALS
Employee Number	Certified		Classified			SICK	Supervisor Approval	
Primary School/Location						PERSONAL	Supervisor Pre-approval Required	
Date(s) of Absence:		Number of Days:				PROFESSIONAL DEVELOPMENT	Supervisor Pre-Approval & PD request Form Required	
If partial Day, Time of Absence	<i>From:</i>	<i>To:</i>	<i>Hours:</i>			VACATION	Supervisor Pre-Approval Required	
Was this absence reported to SubFinder?		Yes No				JURY DUTY	<i>Employee must turn in payment received from the courts in exchange for full pay.</i>	
Description/Reason						UNPAID PERSONAL	Supervisor Pre-Approval & Personnel Approval Required	
						OTHER	Supervisor Pre-Approval & Personnel Approval Required	
						NON CONTRACT	Supervisor Approval	
						Employee's Signature		Date:

SUBSTITUTE TIMESHEET and PAYMENT REQUEST

Substitute's- Employee- Number	Sub-Finder Job Number	Date	Work Day	Lunch	Classified	Certified	Substitute Employee Name (Printed) And Substitute Employee's Signature
			Start Time	Start Time	Hours- Worked	1/2 Day = 0.5 Full Day = 1.0	
			End Time	End Time			
							Name PRINTED
							Signature
							Name PRINTED
							Signature
							Name PRINTED
							Signature
Principal/Supervisor Approval							Date