

PERSONNEL

03.123 AP.2

Employee Leave Affidavit

School/Location										
Date	Employee Name (printed)	Emp. #	Date(s) of Absence	Type of Absence	<u>Sick Day for Emergency Purposes (Max. 2)</u>	Reported to AESOP?	AESOP Confirmation # (optional)	Substitute Name	Employee Signature	Supervisor Initials
<p>In taking a personal day I certify that the leave was personal in nature.</p> <p>In taking a sick day I certify that I was either:</p> <ul style="list-style-type: none"> • Ill; or • attending a doctor appointment; or • attending to a member of my immediate family who was ill or had a doctor appointment; or • <u>taking bereavement leave for a member of my immediate family; or</u> • <u>using a sick day for emergency purposes (maximum 2 per year).</u> <p>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.</p>									<p>S = Sick P = Personal PD = Professional Development V = Vacation J = Jury Duty U = Unpaid Personal O = Other NC = Non-Contract</p>	