

**Spencer County Public Schools Leave Affidavits**

NAME: \_\_\_\_\_

**Personal and Emergency Leaves**

Date(s) of Absence \_\_\_\_\_

(Check Applicable Leave)

☐ Emergency Leave, Total # of days taken this pay period \_\_\_\_\_☐ Personal Leave, Total # of days taken this pay period \_\_\_\_\_**Sick Leave**

Dates of Absence \_\_\_\_\_

Nature of Illness \_\_\_\_\_

By signing below, I solemnly swear that on the above-mentioned date(s) I was unable to perform my school duties and apply for Excused Sick Leave in compliance with Board Policy 03.1232.

**THE FOLLOWING IS APPLICABLE TO EMPLOYEES CONTRACTED 240 OR MORE DAYS:****Vacation and Non-Contract Days**

Date(s) of Absence \_\_\_\_\_

(Check Applicable Leave)

☐ Vacation Days Total # of days taken this pay period \_\_\_\_\_☐ Non-contract Days Total # of days taken this pay period \_\_\_\_\_

SIGNATURE: \_\_\_\_\_