

Leave Affidavit

THE AFFIDAVIT IS ESSENTIAL FOR PAYROLL PURPOSES. PLEASE FILL OUT THE FORM WITH CARE AND RETURN IT AS DIRECTED BY THE PRINCIPAL/DESIGNEE.

Name: _____ School/Worksite: _____

Employee Identification Number: _____

☐ **PERSONAL LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1231/03.2231.**

DATE(S) OF PERSONAL LEAVE: _____ TOTAL DAYS: _____

☐ **SICK LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1232/03.2232.**

DATE(S) OF SICK LEAVE: _____ TOTAL DAYS: _____

CHECK ONE: ☐ EMPLOYEE'S ILLNESS ☐ ILLNESS OF FAMILY MEMBER ☐ MOURNING

IS SICK LEAVE USED FOR EMERGENCY LEAVE PURPOSES, PER POLICY? ☐ YES ☐ NO

☐ **MATERNITY/ADOPTION/CHILDREARING LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1233/03.2233.**

ESTIMATED DATE(S) OF LEAVE _____ TO _____

☐ PAID MATERNITY LEAVE /NUMBER OF SICK LEAVE DAYS _____

☐ UNPAID MATERNITY LEAVE/NUMBER OF DAYS UNPAID _____

☐ PAID BIRTH OR ADOPTION LEAVE, NOT TO EXCEED 30 DAYS/NUMBER OF SICK LEAVE DAYS _____

☐ ~~UNPAID CHILDREARING LEAVE~~ _____

☐ **JURY LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1237/03.2237.**

DATE(S) OF JURY LEAVE: _____ TOTAL DAYS: _____

EMPLOYEE REIMBURSES DISTRICT ALL AMOUNTS ~~OVER \$12.50 PER DAY~~ LESS EXPENSE PAY.

☐ **MILITARY/DISASTER SERVICES LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1238/03.2238.**

DATE(S) OF LEAVE: _____ TOTAL DAYS: _____

☐ **EMERGENCY LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1236/03.2236.**

DATE(S) OF EMERGENCY LEAVE: _____ TOTAL DAYS: _____

☐ BEREAVEMENT ☐ COURT/LEGAL

IS SICK LEAVE BEING USED FOR EMERGENCY LEAVE PURPOSES, PER POLICY? ☐ YES ☐ NO

☐ **OFF-DUTY LEAVE**

DATE(S) OF LEAVE _____ TO _____ TOTAL DAYS: _____

I hereby affirm and attest that the information I have provided is true and, under provisions of law and Board policy, qualifies me to take the leave indicated. I understand that if I have provided information that is not true, I may be subject to disciplinary action.

Employee's Signature

Date

Superintendent/designee's Signature

Date