## Leave Affidavit

The appidavit is essential for payroll purposes. Please fill out the form with care and return it as directed by the Principal/designee.
☐ PERSONAL LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1231/03.2231.  DATE(S) OF PERSONAL LEAVE:
SICK LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1232/03.2232.  DATE(S) OF SICK LEAVE:
MATERNITY/ADOPTION/CHILDREARING LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1233/03.2233.  ESTIMATED DATE(S) OF LEAVE 913 8 TO 1130/2018 SUBSTITUTE NEEDED 18 PAID MATERNITY LEAVE /NUMBER OF SICK LEAVE DAYS 30 WINPAID MATERNITY LEAVE 18 OF 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:
☐ MILITARY/DISASTER SERVICES LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1238/03.2238.  DATE(S) OF LEAVE:TOTAL DAYS:SUBSTITUTE NEEDED ☐
□ EMERGENCY LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1236/03.2236.  DATE(S) OF EMERGENCY LEAVE:
Superintendent/designee's Signature  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.
Michaele 1/19/2018  Employee's Signature 1/19/2018  Review/Revised:7/25/01