

EXPLANATION: AN AFFIDAVIT IS REQUIRED FOR USE OF PERSONAL LEAVE, EMERGENCY LEAVE, OR FOR USE OF SICK LEAVE FOR THE PURPOSE OF MOURNING A MEMBER OF THE EMPLOYEE'S IMMEDIATE FAMILY. EITHER AN AFFIDAVIT OR A CERTIFICATE OF A PHYSICIAN IS REQUIRED IF THE EMPLOYEE WAS ABSENT DUE TO PERSONAL ILLNESS OR FOR THE PURPOSE OF ATTENDING TO AN IMMEDIATE FAMILY MEMBER WHO WAS ILL.  
FINANCIAL IMPLICATIONS: COST OF NOTARY COMMISSION

DRAFT 6/24/19

PERSONNEL

03.123 AP.2

## **Employee Leave Request Form and Affidavit**

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

**Leave Request Form and Affidavit**

<b><u>Employee (Affiant) Name</u></b>
<b><u>School/Location</u></b>

<b><u>Employee Number</u></b>
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A personal affidavit is required for the use of personal leave and the use of sick leave for the purpose of mourning a member of the employee's immediate family, as defined in Policy 03.1232. Either a personal affidavit or a certificate of a physician supporting the need for sick leave is required for the use of sick leave if the employee was absent due to his/her own personal illness or for the purpose of attending to an immediate family member who was ill. If an employee who requests to use sick leave for his/her own personal illness or to attend to an immediate family member who is ill does not submit a supporting physician's certificate, s/he must submit a supporting personal affidavit. Requirements for use of sick leave following child birth and adoption are stated in Policies 03.1233/03.2233. KRS 161.152; KRS 161.154; KRS 161.155.

<u>Date(s) of Absence</u>	<u>Type of Absence</u>	<u>Approved in AESOP?</u>	<u>Substitute Name</u>	<u>Supervisor Initials</u>	<u>Affiant signature and certification of leave per statement below**</u>	<u>Subscribed and sworn to me on this date:</u>	<u>Notary Public</u>	<u>(County), Kentucky</u>	<u>My Commission Expires</u>
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### Leave Request Form and Affidavit

<p><u>**By stating the type of leave and signing above, you are certifying that you are qualified for the leave requested, as set forth in the Leave Affidavit below:</u></p> <p><u>Comes the Affiant, after being duly sworn, and states as follows:</u></p> <p><u>I am submitting this request for the use of leave for one of the following purposes, as reflected above; that the facts supporting the request for leave are true and correct; and that to the best of my knowledge, information, and belief, I am qualified for the leave requested pursuant to applicable state statute and Board policy.</u></p> <p><u>S-1 - Sick leave based on personal illness or attending a doctor appointment;</u></p> <p><u>S-2 - Sick leave to attend to an immediate family member who was ill or had a doctor appointment;</u></p> <p><u>S-3 - Sick leave to mourn the death of an immediate family member</u></p> <p><u>SE - Sick leave for emergency purposes (A maximum 2 days per year for any of the following reasons: death of relative or personal friend; or personal disaster of the magnitude of tornadoes, fires, floods, etc.; or appearance as a witness or to produce documents when the employee's presence is required by subpoena. [This is not to include jury duty or appearances in actions in which the employee is a party and the subpoena is obtained by or on behalf of the employee.]; or such other reasons of an emergency, extraordinary nature or personal matter as approved by the Superintendent.</u></p> <p><u>P - Personal leave in compliance with and subject to qualifications set forth in Policy 03.1231/03.2231. This leave is personal in nature.</u></p> <p><u>U - Unpaid Personal leave Per Policy 03.1231/03.2231 this leave is personal in nature and I first sought and received approval in writing from my Principal/supervisor and the Superintendent/designee. (maximum of 5 days per year)</u></p>	<p><b><u>Notary Required (if no physician statement):</u></b></p> <p><u>S(1/2/3) = Sick</u></p> <p><u>SE = Sick Emergency</u></p> <p><u>P = Personal</u></p> <p><u>U = Unpaid Personal</u></p>
	<p><b><u>Notary not required:</u></b></p> <p><u>J = Jury Duty</u></p> <p><u>NC = Non-Contract</u></p> <p><u>O – Other</u></p> <p><u>PD = Professional Development</u></p> <p><u>V = Vacation</u></p>