Leave Request Form and Affidavit*

☐ ***SICK LEAVE: Date(s):** _____ **Total Days:** _____

   Check one: ☐ Employee's illness   ☐ Illness of family member*   ☐ Mourning

   Is sick leave being used for emergency leave purposes, pursuant to policy? ☐ Yes   ☐ No
      Requested under the terms of Policies 03.1232/03.2232.

☐ ***EMERGENCY LEAVE: Date(s):** _____ **Total Days:** _____

   Check one: ☐ Bereavement   ☐ Disasters   ☐ Court/Legal   ☐ Other: _____

   Is emergency leave being used for emergency leave purposes, pursuant to policy? ☐ Yes   ☐ No
      Requested under the terms of Policies 03.1236/03.2236.

☐ ***PERSONAL LEAVE: Date:** _____ **Total Days:** _____
      Requested under the terms of Policies 03.1231/03.2231.

☐ **MATERNITY/ADOPTION/CHILDREARING LEAVE: Estimated date(s):** _____ **to**_____

   ☐ paid maternity leave /number of sick leave days _____   ☐ unpaid maternity leave
      Requested under the terms of Policies 03.1233/03.2233.

☐ **FAMILY MEDICAL LEAVE ACT (FMLA): Estimated date(s):** _____ **to**_____
   Please see employees Personnel File for board approved FMLA Request Form
      Requested under the terms of Policies 03.12322/03.22322.

*Please see reverse side for affidavit that may be required

I understand that if I have provided information that is not ture, I may be subject to disciplinary action.

Employee's Signature: _____   Date: _____

Superintendent/Designee's Signature Approving Leave as Requested: _____   Date: _____

Leave Request Form and Affidavit

A personal affidavit is required for the use of personal leave, the use of emergency leave, and the use of sick leave for the purpose of mourning a member of the employee's immediate family.* 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.

LEAVE AFFIDAVIT   (KRS 161.152, KRS 161.154, KRS 161.155)

Comes the affiant, _____, after being duly sworn, and states as follows:

I am submitting this request for the use of leave for the following purpose(s) (check applicable boxes); that the facts supporting the request for leave as indicated below 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.

Sick leave Date(s): _____ ☐ personal illness ☐ illness of immediate family member * ☐ mourning of immediate family member*

Emergency leave Date(s): _____ ☐ bereavement ☐ disasters ☐ court/legal ☐ other, specify: _____
(In compliance with and subject to conditions set forth in Policy 03.1236/03.2236)

Personal leave: Date: _____ This leave is personal in nature. (In compliance with and subject to qualifications set forth in Policy 03.1231/03.2231.)

_____   _____   _____
Affiant's Signature   Affiant's Name (Print or Type)   Date

Subscribed and sworn to before me this _____ day of _____, 2_____

Notary Public: _____, _____County, Kentucky

My Commission Expires: _____

*Immediate family member shall mean the employee's spouse, children (including stepchildren and foster children), grandchildren, daughters-in-law and sons-in-law, brothers and sisters, parents, spouse's parents, grandparents, and spouse's grandparents, without reference to the location or residence of said relative and any other blood relative who resides in the employee's home.