

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
DISTRICT INITIATED CHANGES ALSO INCLUDED.

PERSONNEL

0303.123 AP.2

Leave Request Form and Affidavit

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

☐ PERSONAL LEAVE: GRANTEDREQUESTED UNDER THE TERMS OF POLICIES 03.1231/03.2231. (SEE NEXT PAGE FOR REQUIRED AFFIDAVIT)

DATE(S) OF PERSONAL LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

☐ SICK LEAVE: GRANTEDREQUESTED UNDER THE TERMS OF POLICIES 03.1232/03.2232. (SEE NEXT PAGE FOR AFFIDAVIT THAT MAY BE REQUIRED)

DATE(S) OF SICK LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

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

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

☐ ATTENDED PROFESSIONAL MEETING Date of meeting: _____ Title of Meeting: _____

☐ ABSENCE TO BE DEDUCTED Date of Absence: _____ Reason: _____

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

ESTIMATED DATE(S) OF LEAVE _____ TO _____ SUBSTITUTE NEEDED ☐

☐ PAID MATERNITY LEAVE /NUMBER OF SICK LEAVE DAYS _____ ☐ UNPAID MATERNITY LEAVE

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

☐ UNPAID CHILDREARING LEAVE

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

DATE(S) OF JURY LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

☐ EMPLOYEE WILL SIGN OVER COURT-ISSUED JURY PAY/DUTY CHECK TO DISTRICT.

☐ EMPLOYEE WILL REIMBURSE DISTRICT FOR ANY JURY PAY RECEIVED.

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

DATE(S) OF LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

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 Superintendent/designee's Signature

Date

Employee's Superintendent/designee's Signature Approving Leave as Requested

Date

Formatted: Font: 9 pt

Formatted: Font: 8 pt

Formatted: Space After: 0 pt

Formatted: Justified

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: Bold

Formatted: Left, Space After: 0 pt, Tab stops: 2.81", Left + 4.44", Left + 4.63", Left

Formatted: Font: Bold

Formatted: Left, Space After: 0 pt, Tab stops: 2.25", Left

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Indent Left: 0.25", Hanging: 0.06", Space After: 0 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Space After: 0 pt

Formatted: Space After: 3 pt

Formatted: Font: 10 pt

Formatted: Space After: 6 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Leave Request Form and Affidavit

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. * 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 based on personal illness Date(s): _____
- ☐ Sick leave to attend to an immediate family member* who was ill Date(s): _____
- ☐ Sick leave to mourn the death of an immediate family member* Date(s): _____
- ☐ Personal leave in compliance with and subject to qualifications set forth in Policy 03.1231/03.2231. This leave is personal in nature. Date(s): _____
- ☐ Attended Professional Meeting Date(s): _____
- ☐ Absence to be Deducted Date(s): _____

Affiant's Signature Date

Affiant's Name (Print or Type)

Subscribed and sworn to before me this _____ day of _____, 20____.

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.

Formatted: Font: 10 pt

Formatted

Formatted: policytext, Space Before: 0 pt, After: 0 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border)

Formatted: Centered, Space After: 0 pt

Formatted: Centered, Space After: 12 pt

Formatted: ksba normal

Formatted: Justified, Indent: First line: 0.5", Space After: 6 pt

Formatted: Space After: 6 pt

Formatted

Formatted: Indent: Left: 0", Hanging: 0.19"

Formatted

Formatted

Formatted: Justified, Indent: Left: 0", Hanging: 0.19", Space After: 6 pt

Formatted

Formatted

Formatted: Indent: Left: 0", Hanging: 0.19", Space After: 6 pt

Formatted: Font: 12 pt

Formatted: Space Before: 18 pt, After: 0 pt, Tab stops: 1.5", Left + Not at 3.94"

Formatted: Font: 12 pt

Formatted: Font: 12 pt, Not Bold, Not Italic

Formatted: Space After: 12 pt, Tab stops: 0.5", Left + 4.5", Left + Not at 0.94" + 5"

Formatted: Tab stops: Not at 0.94" + 5"

Formatted: ksba normal

Formatted: Space After: 12 pt, Tab stops: Not at 0.94" + 4.06"

Formatted: Space After: 6 pt, Tab stops: Not at 0.94" + 4.06"

Formatted: ksba normal