REMOVE BELOW STAFF ABSENCE REPORT

Leave Request Form and Statement

Staff Member's Name	STAFF ABSENCE REPORT	Date or Report
Date(s) of Absence		Substitute's Name

Complete this Section on DAY OF RETURN	Complete this Section BEFORE ABSENCE
☐ Jury Duty ☐ Leave Without Pay ☐ Illness (see next page for statement that may be required) ☐ Bereavement* (see next page for required statement) ☐ Emergency*&** (see next page for required statement) Other _____ Comments _____ _____ I understand that if I have provided information that is not true, I may be subject to disciplinary action. _____ *Staff Member's Signature* _____ *Authorized Approval* **Maximum of three (3) combined total per year* ** &** Emergency requires approval by Superintendent*	☐ Professional Leave _____ *Description* ☐ School Activity _____ *Description* _____ *Budget Code for Substitute pay* _____ *Budget Coordinator's Signature* **>OR<** ☐ Personal Leave (see next page for required statement) I understand that if I have provided information that is not true, I may be subject to disciplinary action. _____ *Staff Member's Signature* _____ *Authorized Approval*

White = Finance Department Yellow = School Pink = Employee

Electronic Leave Request Form and Statement

An electronic request 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.* An electronic request into the district's attendance software is considered in lieu of a paper document. Either a personal statement, electronic submission 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 statement. Requirements for use of sick leave following childbirth and adoption are stated in Policies 03.1233/03.2233, 03.1236/03.2236, 03.1231/03.2231.

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

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): _____

□ - Emergency leave in compliance with and subject to conditions set forth in Policy 03.1236/03.2236

□ Bereavement □ Disasters □Court /Legal

□ Other, specify: _____

_____ _____
Employee's Signature Date

_____
Employee's Name (Print or Type)

*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.

Review/Revised:7/15/2025