PERSONNEL 03.123 AP.2

## **Leave Request Form and Affidavit**

Name:	Location:	
DATE SUBMITTED:		
□ PERSONAL DAY: Requested und affidavit)  Date of personal day:	der the terms of Policies 03.1231/0  Total Days:	03.2231. (see next page for required Substitute Needed □
□ PERSONAL UNPAID LEAVE: Sul affidavit)		
	Total Days:	
□ SICK LEAVE: Requested under the be required)  Date(s) of sick leave:  Check one: □ Employee's illness  Is sick leave being used for emerge		. (see next page for affidavit that may  Substitute Needed □ per □ Mourning piccy? □ Yes □ No
■ MATERNITY/ADOPTION/CHII 03.1233/03.2233. Estimated date(s) of leave ■ Paid maternity leave /number ■ Paid birth or adoption leave (r		ed under the terms of Policies  Substitute Needed  id maternity leave ick leave days
☐ JURY LEAVE: Requested under the Date(s) of jury leave: ☐ Employee Will Sign Over Cou ☐ Employee Will Reimburse Dis	te terms of Policies 03.1237/03.2237 Total Days: Total Sued Jury Pay Check to Districtict for Any Jury Pay Received.	Substitute Needed □ ct.
☐ MILITARY/DISASTER SERVICE Date(s) of leave:	S LEAVE: Requested under the ter Total Days: Su	ıbstitute Needed □
☐ Bereavement ☐ D ☐ Court /Legal ☐ Other (S)	Total Days:	6/03.2236. (see next page for required Substitute Needed □
I understand that if I have prove	ided information that is not true, I mo	
Employee's Signature		Date
Superintendent/designee's Signature Ap	pproving 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,as follows:	, after being duly sworn, and states
I am submitting this request for the use of leave boxes); that the facts supporting the request for le that to the best of my knowledge, information, as pursuant to applicable state statute and Board policy.	ave as indicated below are true and correct; and nd belief, I am qualified for the leave requested
$\square$ - Sick leave based on personal illness Date	(s):
$\square$ - Sick leave to attend to an immediate family n	nember* who was ill Date(s):
$\square$ - Sick leave to mourn the death of an immediate	e family member* Date(s):
☐ - Personal leave in compliance with and 03.1231/03.2231. This leave is personal in na	subject to qualifications set forth in Policy nture. Date(s):
$\square$ - Emergency leave in compliance with a $03.1236/03.2236$	nd subject to conditions set forth in Policy
☐ Bereavement ☐ Disasters ☐ Court /Legal	☐ Other, specify:
Affiant's Signature	Date
Affiant's Name (Print or Type)	•
Subscribed and sworn to before me this	_ day of, 2
Notary Public:	
My Commission Expires:	
*Immediate family member shall mean the employee's children), grandchildren, daughters-in-law and sons-ir grandparents, and spouse's grandparents, without reference	-law, brothers and sisters, parents, spouse's parents,

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blood relative who resides in the employee's home.