Classified Leave Request Form

NAME _____

TYPE OF LEAVE REQUESTED (CHECK ONE): _____ **SICK LEAVE**

_____ **EMERGENCY LEAVE**

_____ **PERSONAL LEAVE**

EXPLAIN NATURE OF ABSENCE: _____

_____

_____

DATE(S) OF ABSENCE(S): _____

I do solemnly affirm that on the above date(s), I was unable to perform my school duties and hereby apply for leave in compliance with appropriate Kentucky Revised Statues, State Board of Education Regulations, and Johnson County Board of Education Regulations. I understand that violation of the above constitutes grounds for dismissal.

_____

Signed

_____ Approved

_____ Not Approved

_____

Supervisor's Signature