

Certified Staff 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 swear 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 Statutes, State Board of Education Regulations, and Johnson County Board of Education Regulations. I understand that violations of the above constitute grounds for dismissal.

Date

Signed

_____ Approved

_____ Not Approved

Supervisor's Signature

Administrator Personnel Report for Non-Contract Day Absentee

NAME: _____

SCHOOL: _____

DATE(S) OF ABSENCE: _____

I do solemnly swear that on the above mentioned date(s), I will be or have taken non-contract day(s). These days are not included in my Board contract. I understand that violations constitute grounds for dismissal.

Date

Signed

_____ Approved

Supervisor's Signature

_____ Not Approved