

SICK LEAVE CERTIFICATION AND AFFIDAVIT

SCHOOL _____ POSITION _____

Name of Substitute Teacher, if any _____

I herewith make request for sick leave pay for a period of _____ days. My absence began on the _____ day of _____ 20_____, and ended with the _____ day of _____ 20_____.

and was caused by (Please Check):

I. Illness of:

_____ Myself	_____ Mother	_____ Brother	_____ Grandmother	_____ Daughter-in-Law
_____ Husband	_____ Son	_____ Grandson	_____ Mother-in-Law	_____ Brother-in-Law
_____ Wife	_____ Daughter	_____ Granddaughter	_____ Father-in-Law	_____ Sister-in-Law
_____ Father	_____ Sister	_____ Grandfather	_____ Son-in-Law	

II. Death of:

_____ Husband	_____ Son	_____ Grandson	_____ Mother-in-Law	_____ Brother-in-Law
_____ Wife	_____ Daughter	_____ Granddaughter	_____ Father-in-Law	_____ Sister-in-Law
_____ Father	_____ Sister	_____ Grandfather	_____ Son-in-Law	
_____ Mother	_____ Brother	_____ Grandmother	_____ Daughter-in-Law	

III. _____ Quarantine

I certify that the above statement is true and correct:

Employee

Approved By: _____

Principal or Supervisor

SICK LEAVE FORMS MUST BE COMPLETED, SIGNED, AND SUBMITTED TO PRINCIPAL OR SUPERVISOR UPON RETURN TO WORK.