

Leave Request Form and Statement

DIRECTIONS: Immediately following your absence from work, complete this form; obtain signature from your immediate supervisor; and give completed form to the person responsible for your payroll.

SICK LEAVE ABSENCE SEE NEXT PAGE FOR STATEMENT THAT MAY BE REQUIRED)

Sick Leave Request Date(s) Absent:

Date(s): _____ Check one: Full day(s) Half day(s)

Date(s): _____ Check one: Full day(s) Half day(s)

Reasons for Sick Leave Absence: Board policies 03.1232 and 03.2232 identify the allowable reasons for an employee of Corbin Independent Schools to receive paid sick leave.

Check the reason for your absence:

_____ Personal illness or temporary disability arising from pregnancy

_____ Illness in the immediate family*

_____ Mourning the death of a member of the employee's immediate family*

**"Immediate family" 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.*

Physician Certificate or Personal Statement is required indicating one of the reasons for being absent from work.

PERSONAL LEAVE ABSENCE. (SEE NEXT PAGE FOR REQUIRED STATEMENT)

Request for Personal Leave – A request for personal leave needs to be made to the employee's supervisor prior to the date(s) for the personal leave under the terms of Board policies 03.1231 and 03.2231. Approval from supervisor and availability for a substitute, if needed, govern granting of the request. The employee is not required to give reason for absence.

Personal Leave Request Date(s) Absent: _____

EMERGENCY LEAVE ABSENCE. (SEE NEXT PAGE FOR REQUIRED STATEMENT)

Board policies 03.1236 and 03.2236 identify the allowable reasons for an employee of Corbin Independent Schools to receive paid emergency leave

Emergency Leave Request Date(s) Absent: _____

I understand that if I have provided information that is not true, I may be subject to disciplinary action.

_____ <i>Employee's Signature</i>	_____ <i>Date Signed</i>	_____ <i>Work Location</i>
_____ <i>Supervisor's Signature</i>	_____ <i>Date Signed</i>	_____ <i>Work Location</i>
_____ <i>Superintendent/designee's Signature</i>	_____ <i>Date Signed</i>	_____ <i>Work Location</i>

File: Attach completed form to the payroll submitted to central office. This form will be maintained on file for three (3) years.