Sick Leave/Personal Leave Verification Form

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

Sick Leave Date(s) Absent:

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 Affidavit is required indicating one of the reasons for being absent from work. The employee's signature on this form will be considered personal affidavit. ***Your signature verifies that the information provided on this form is accurate and true.***

PERSONAL LEAVE ABSENCE

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. 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 Date(s) Absent: _____

_____ _____ _____

Employee's Signature *Date Signed* *Work Location*

_____ _____

Supervisor's Signature *Date Signed*

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