

EMPLOYEE CERTIFICATION OF LEAVE TAKEN

NOTE: This form is to be completed on the first day of return to duty by any employee who has been absent.

Name of Employee: _____ Name of School: _____

Date(s) of Absence: _____

Type of Leave Taken: (Please check applicable type.) If you have a questions concerning the limits or allowability of this leave, please consult the leave policies which are available in the principal's of- fice or at the Educational Center.

- _____ Sick Leave
- _____ Family Emergency Leave (indicate who was ill below)
- _____ Personal Leave
- _____ Bereavement (Funeral) Leave
- _____ Professional Visitation/Conference
- _____ Leave was not approved, not allowed in any of the above categories, or was in excess of the number of days allowable. (Explain fully below.)

I was absent from duty on the day(s) indicated above for the following reason:

Signature of Employee

Principal or Supervisor's Comments, if any:

Signature of Principal or Supervisor

Payroll Department notations, if any:

