

TROUSDALE COUNTY PERSONNEL LEAVE FORM

NAME: _____

DATE(s): _____

SCHOOL: _____

Days Absent: _____

Organization: _____

responsible for substitute payment (if applicable)

- *Sick Leave
- Personal Leave
- Vacation**
- *Non-Leave/Professional Leave
- *Unpaid Leave
- *Bereavement

*REASON:

*I hereby attest that the cause of absence is true and correct. I understand that a falsified statement is grounds for dismissal.

Signature _____

Employee

Sick Leave shall be defined as: illness from natural causes or accident, quarantine, or illness or death of a member of the immediate family, including the wife or husband, parents, grandparents, children, grandchildren, brothers, sisters, mother-in-law, father-in-law, daughter-in-law, son-in-law, and sister-in-law. Physicals and check-ups are allowable uses of sick leave."

A certificate from the physician ... may be required in support of any claim for sick leave.

"Non-certified employees shall present the immediate supervisor a physician's certificate after three (3) days of absences stating the reason for being absent."

Personal Leave is subject to the following conditions; 1) principal shall be given one day's notice, 2) not more than 10% of the teachers are absent per given school, 3) not during any prior established student examination period 4) not if requested on a day immediately preceding or following a holiday or vacation period.

Vacation Leave. The Director or designee shall ensure the normal educational process is not disrupted by scheduling all employee vacation leave.

Approved _____
Principal

Date: _____

Approved _____
Director

Date: _____

ALL LEAVE MUST BE SUBMITTED TO CENTRAL OFFICE ATT: Anita Cornwell