

PENDLETON COUNTY SCHOOLS

Name of Employee _____ School _____

I hereby certify that during the _____ calendar month, beginning _____, 20____ and ending _____, 20____, I was absent from work a total of _____ days due to:

VACATION/21 Day Leave

All employees must submit their vacation schedule to the Superintendent's office for approval for leave in excess of three (3) consecutive days at least three weeks in advance.

Date(s) of Absence

O.S. LEAVE

All employees must submit their O.S. requests to the Superintendent's office for approval at least three weeks in advance if requesting to use O.S. days other than on the regularly scheduled dates. Please use the form Request for Change of Work Schedule to request a change in schedule.

Date(s) of Absence

Signature of Employee

Date

Signature of Supervisor

Date

Signature of Associate Superintendent
or Superintendent

Date