

PENDLETON COUNTY SCHOOLS
Claim for Personal Leave

(Please Read County Policy P.14.1 in the Policy Manual)

Name of Employee _____ School _____

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

PERSONAL ILLNESS/INJURY (attach physician's statement for leaves in excess of three (3) consecutive days). Date(s) of absence _____

Substitute(s) _____
Name _____ Date _____
Name _____ Date _____
Name _____ Date _____

ILLNESS IN IMMEDIATE FAMILY (Limited to three (3) days in any one illness. See P.16 in the policy manual for Family Medical Leave Benefits)

Date(s) of absence _____
Substitute(s) _____
Name _____ Date _____
Name _____ Date _____

DEATH IN IMMEDIATE FAMILY (Limited to 5 days per occurrence)

Date(s) of absence _____
Substitute(s) _____
Name _____ Date _____
Name _____ Date _____

PERSONAL LEAVE (Limited to three days per year-cannot be consecutive without authorization of principal or immediate supervisor)

Date(s) of absence _____
Substitute(s) _____
Name _____ Date _____
Name _____ Date _____

PROFESSIONAL LEAVE (Will not be deducted from Sick/Personal Leave Days)

Meeting/Conference Attended _____
Substitute(s) _____
Name _____ Date _____
Name _____ Date _____

Signature of Employee _____ Date _____

Signature of Principal/Supervisor or Superintendent _____ Date _____