

LEAVE CERTIFICATION FORM Sumner County School System

School Location/Job Title _____

Name of Employee _____ Social Security # _____ - _____ - _____

Leave Codes: _____ Complete SSN # _____

SL=Sick Leave (Identify)

PL=Personal Leave

AL=Annual Leave

AW=Absent without Pay

BL=Bereavement Leave (Identify below)

OT=Other (do not charge) Explain in "Comments"

If you are out of sick or personal days, request and report the leave as AW. Explain under comments. If it is for sick leave, mark below: "Sick Leave Taken For". If for bereavement leave, mark below: "Bereavement Leave Taken For and Relationship."

Reporting Dates	06/27/16-7/29/16			
Monday	Tuesday	Wednesday	Thursday	Friday
27	28	29	30	1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

Please put substitute name (1st), leave code below sub's name (2nd), and the amount of time taken (3rd) in the correct day on the calendar.

Sick Leave Taken For:

- ____ Myself
- ____ Spouse
- ____ Children
- ____ Parents
- ____ Grandparents
- ____ Grandchildren
- ____ Brother
- ____ Sister
- ____ Mother-in-law
- ____ Father-in-law
- ____ Daughter-in-law
- ____ Son-in-law
- ____ Brother-in-law
- ____ Sister-in-law

Comments:

I certify these statements to be true and correct.

Employee's Signature

Approval Signature

Bereavement Leave Taken For: _____

Relationship to Employee: _____

Identify individual (per article VI, Section B, Item 6 of Negotiated Contract)

Please turn in to your school office before the last Friday of each month to be submitted to the Payroll Dept.

Revised: 8/2013