



Emp # \_\_\_\_\_ Employee Name \_\_\_\_\_

Chilton County Schools  
Leave Certificate

Date \_\_\_\_\_ School \_\_\_\_\_

I hereby certify that I was absent from my duties a total of \_\_\_\_\_ day(s) during the month of \_\_\_\_\_  
I feel that I am entitled to leave pay under the provisions as shown below.

Date of Absence	Portion of Day or Period of Days (1 or 1/2 day)	Leave Code	Substitute's Name	Sub Emp #

Leave Codes:

- 1 = Sick Leave (Personal Illness, bodily injury, attendance upon ill family member, death in immediate family)
- 2 = Personal Leave (5 available-3 no charge/2 at cost of sub)
- 3 = Vacation (12 month employee only)
- 4 = UNPAID leave (per board policy-if taking more than 2 days in a month it must be board approved)
- FF = Extended leave without pay (Must have board approval)
- G = Subpoena to Court - school related only - Copy of subpoena must be attached.
- I = Injury on the Job (documentation from supervisor and physician required)
- J = Jury Duty (copy of jury duty request must be attached along with proof of attendance)
- M = Military duty (must have copy of approved orders)
- P = Professional Leave - Prior approval by Superintendent required and form must be attached to this leave form. See PD approval form for funding source for appropriate coding below:

CC = School Paid PD specific to CCTR-send check	School Paid-Send Check
SI = Title 1 (school improvement PD)	12-5-1100-180-CCTR-4120-0-1810-0000
ST = State PD (paid for with state funding)	11-5-2215-180-CCTR-1110-0-8220-0004
TT = Title II	12-5-1100-180-8620-4130-0-1200-0000
P = all other	PD source fund per Empl GL

S = School related activity - school reimburses board for sub pay-send check      School Paid-Send Check

A= Athletic Academic Competition - Event must be specified above in leave code field. (Refer to Board Policy Manual for full explanation of leave regulations)      11-5-1100-180-CCTR-6001-0-8100-0000

Employee Signature: \_\_\_\_\_

Approval Signature: \_\_\_\_\_