

## Leave Form for Sick Leave or Personal Leave

FROM DATE BEGINNING \_\_\_\_\_ THROUGH DATE \_\_\_\_\_

This certifies that I was absent from my employment duties on the date(s) indicated above because of:  
(check proper place)

- A. Personal illness \_\_\_\_\_
- B. Bodily injury, which incapacitate employee \_\_\_\_\_
- C. Attendance upon ill member of the family: (husband, wife, father, mother, Son daughter, brother, sister) of the employee or a person standing in loco parentis. \_\_\_\_\_
- D. Death in immediate family of the employee: (husband, wife, father, mother, Son, daughter, son-in-law, brother-in-law, sister-in-law, nephew, niece, grandson, granddaughter, grandfather, grandmother, aunt, uncle). \_\_\_\_\_
- E. When unusually strong ties exist, due to the employee having been supported or educated by a person of some relationship other than those listed, this relationship may be recognized for leave purposes. In each case the employee concerned shall file with the Lanett City Board of Education a written statement of the circumstances, which justify an exception to general rule. \_\_\_\_\_
- F. Personal Leave \_\_\_\_\_
- G. Other reason (please explain): \_\_\_\_\_

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Signature of employee

Substitute:

Days:

Hours: (if hourly paid)

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