



## 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 | 07/01/2013-07/26/2013 |           |          |        |
|-----------------|-----------------------|-----------|----------|--------|
| Monday          | Tuesday               | Wednesday | Thursday | Friday |
| 1               | 2                     | 3         | 4        | 5      |
| 8               | 9                     | 10        | 11       | 12     |
| 15              | 16                    | 17        | 18       | 19     |
| 22              | 23                    | 24        | 25       | 26     |
|                 |                       |           |          |        |

**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

# 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 | 07/29/2013-08/30/2013 |           |          |        |
|-----------------|-----------------------|-----------|----------|--------|
| Monday          | Tuesday               | Wednesday | Thursday | Friday |
| 29              | 30                    | 31        | 1        | 2      |
| 5               | 6                     | 7         | 8        | 9      |
| 12              | 13                    | 14        | 15       | 16     |
| 19              | 20                    | 21        | 22       | 23     |
| 26              | 27                    | 28        | 29       | 30     |

**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**

|                                     |                                  |
|-------------------------------------|----------------------------------|
|                                     |                                  |
| <b>Bereavement Leave Taken For:</b> | <b>Relationship to Employee:</b> |

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

## 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 | 09/02/2013-09/27/2013 |           |          |        |
|-----------------|-----------------------|-----------|----------|--------|
| Monday          | Tuesday               | Wednesday | Thursday | Friday |
| 2               | 3                     | 4         | 5        | 6      |
| 9               | 10                    | 11        | 12       | 13     |
| 16              | 17                    | 18        | 19       | 20     |
| 23              | 24                    | 25        | 26       | 27     |
|                 |                       |           |          |        |

**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)

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Revised: 8/2013

## 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 | 09/30/2013-10/25/2013 |           |          |        |
|-----------------|-----------------------|-----------|----------|--------|
| Monday          | Tuesday               | Wednesday | Thursday | Friday |
| 30              | 1                     | 2         | 3        | 4      |
| 7               | 8                     | 9         | 10       | 11     |
| 14              | 15                    | 16        | 17       | 18     |
| 21              | 22                    | 23        | 24       | 25     |
|                 |                       |           |          |        |

**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**

|                                     |                                  |
|-------------------------------------|----------------------------------|
|                                     |                                  |
| <b>Bereavement Leave Taken For:</b> | <b>Relationship to Employee:</b> |

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

## 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

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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 | 10/28/2013-11/29/2013 |           |          |        |
|-----------------|-----------------------|-----------|----------|--------|
| Monday          | Tuesday               | Wednesday | Thursday | Friday |
| 28              | 29                    | 30        | 31       | 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

## 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 | 12/02/2013-12/27/2013 |           |          |        |
|-----------------|-----------------------|-----------|----------|--------|
| Monday          | Tuesday               | Wednesday | Thursday | Friday |
| 2               | 3                     | 4         | 5        | 6      |
| 9               | 10                    | 11        | 12       | 13     |
| 16              | 17                    | 18        | 19       | 20     |
| 23              | 24                    | 25        | 26       | 27     |
|                 |                       |           |          |        |

**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

## LEAVE CERTIFICATION FORM Sumner County School System

School Location/Job Title \_\_\_\_\_

Name of Employee \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Leave Codes: \_\_\_\_\_ Complete SSN # \_\_\_\_\_

SL=Sick Leave (Identify)

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| Reporting Dates | 12/30/2013-01/31/2014 |           |          |        |
|-----------------|-----------------------|-----------|----------|--------|
| Monday          | Tuesday               | Wednesday | Thursday | Friday |
| 30              | 31                    | 1         | 2        | 3      |
| 6               | 7                     | 8         | 9        | 10     |
| 13              | 14                    | 15        | 16       | 17     |
| 20              | 21                    | 22        | 23       | 24     |
| 27              | 28                    | 29        | 30       | 31     |

**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

## LEAVE CERTIFICATION FORM Sumner County School System

School Location/Job Title \_\_\_\_\_

Name of Employee \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Leave Codes: \_\_\_\_\_ Complete SSN # \_\_\_\_\_

SL=Sick Leave (Identify)

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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 | 02/03/2014-02/28/2014 |           |          |        |
|-----------------|-----------------------|-----------|----------|--------|
| Monday          | Tuesday               | Wednesday | Thursday | Friday |
| 3               | 4                     | 5         | 6        | 7      |
| 10              | 11                    | 12        | 13       | 14     |
| 17              | 18                    | 19        | 20       | 21     |
| 24              | 25                    | 26        | 27       | 28     |
|                 |                       |           |          |        |

**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



## LEAVE CERTIFICATION FORM Sumner County School System

School Location/Job Title \_\_\_\_\_

Name of Employee \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Leave Codes: \_\_\_\_\_ Complete SSN # \_\_\_\_\_

SL=Sick Leave (Identify)

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| Reporting Dates | 03/03/2014-03/28/2014 |           |          |        |
|-----------------|-----------------------|-----------|----------|--------|
| Monday          | Tuesday               | Wednesday | Thursday | Friday |
| 3               | 4                     | 5         | 6        | 7      |
| 10              | 11                    | 12        | 13       | 14     |
| 17              | 18                    | 19        | 20       | 21     |
| 24              | 25                    | 26        | 27       | 28     |
|                 |                       |           |          |        |

**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)

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Revised: 8/2013

## LEAVE CERTIFICATION FORM Sumner County School System

School Location/Job Title \_\_\_\_\_

Name of Employee \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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| Reporting Dates | 03/31/2014-04/25/2014 |           |          |        |
|-----------------|-----------------------|-----------|----------|--------|
| Monday          | Tuesday               | Wednesday | Thursday | Friday |
| 31              | 1                     | 2         | 3        | 4      |
| 7               | 8                     | 9         | 10       | 11     |
| 14              | 15                    | 16        | 17       | 18     |
| 21              | 22                    | 23        | 24       | 25     |
|                 |                       |           |          |        |

**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)

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Revised: 8/2013

## LEAVE CERTIFICATION FORM Sumner County School System

School Location/Job Title \_\_\_\_\_

Name of Employee \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Leave Codes: \_\_\_\_\_ Complete SSN # \_\_\_\_\_

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BL=Bereavement Leave (Identify below)

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| Reporting Dates | 04/28/2014-05/23/2014 |           |          |        |
|-----------------|-----------------------|-----------|----------|--------|
| Monday          | Tuesday               | Wednesday | Thursday | Friday |
| 28              | 29                    | 30        | 1        | 2      |
| 5               | 6                     | 7         | 8        | 9      |
| 12              | 13                    | 14        | 15       | 16     |
| 19              | 20                    | 21        | 22       | 23     |
|                 |                       |           |          |        |

**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)

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Revised: 8/2013

## 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 | 05/26/2014-06/27/2014 |           |          |        |
|-----------------|-----------------------|-----------|----------|--------|
| Monday          | Tuesday               | Wednesday | Thursday | Friday |
| 26              | 27                    | 28        | 29       | 30     |
| 2               | 3                     | 4         | 5        | 6      |
| 9               | 10                    | 11        | 12       | 13     |
| 16              | 17                    | 18        | 19       | 20     |
| 23              | 24                    | 25        | 26       | 27     |

**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