

**Staff Attendance/Leave Request Form and Affidavit**

STAFF'S NAME: \_\_\_\_\_ SCHOOL/LOCATION: \_\_\_\_\_

Payroll Period From: \_\_\_\_\_ To: \_\_\_\_\_

These forms are to be completed and sent to the Central Office at the time designated by Central Office Personnel.

	DATES	Days Worked	Overtime Hours	Non-Contract Day	Sick Day. (see next page for affidavit that may be required)	Personal Day (see next page for required affidavit)	Jury Duty	PD Day	NAME OF SUBSTITUTE (IF REQUESTED)	REASON FOR ABSENCE (Describe Example: PO- name of Conf./Training)
WEEK # 1										
	Total days for week	0	0							
WEEK # 2										
	Total days for week	0	0							
Week # 3										
	Total days for week	0	0							
WEEK # 4										
	Total days for week	0	0							
WEEK # 5										
	Total days for week	0	0							
MONTHLY TOTALS		0	0							

I understand that if I have provided information that is not true, I may be subject to disciplinary action.

\*All over-time must be pre-approved by Superintendent.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Designee's Signature *Approving Leave as Requested*

\_\_\_\_\_  
Date

