

**SOUTH PIKE SCHOOL DISTRICT
EMPLOYEE LEAVE FORM**

EMPLOYEE NAME: _____

EMPLOYEE LOCATION: _____

EMPLOYEE'S LAST 4 DIGITS OF SOCIAL SECURITY # (**REQUIRED**) _____

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ABSENCE (S) INFORMATION (if using multiple leave types per day then list them in the order in which to be posted)

DATE OF ABSENCE	LEAVE TYPE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Leave types:

C-COMP TIME

0-JURY (Attach the Court's Paperwork)

1-SICK (4 or More Consecutive School Days - Attach Doctor's Excuse)

3-VACATION

4-PERSONAL

5-OUT OF TIME/UNPAID

7-PROFESSIONAL (Attach Approved Professional Development Form)

EMPLOYEE SIGNATURE

DATE

PRINCIPAL/SUPERVISOR SIGNATURE

DATE

I certify that the above statement is a true and accurate report. Time posted from this form must not exceed an 8 hour workday.

NON-CERTIFIED:

ATTACH ORIGINAL FORM TO TIME CARD REPORT AND SEND TO PAYROLL. KEEP A COPY AT YOUR LOCATION.

CERTIFIED:

ATTACH ORIGINAL FORM TO ABSENTEE LOG AND SEND TO PAYROLL. KEEP A COPY AT YOUR LOCATION.