

ABSENCE REQUEST FORM
Jackson County Public Schools

When requesting reimbursement of expenses, a signed copy of this form must be attached to your travel reimbursement voucher.

Name: _____ Building/Location: _____

<u>Type of Absence Requested</u>	<u>No. of Days</u>	<u>Date(s) of Requested Absence</u>
Sick Leave*	_____	_____
Personal Leave	_____	_____
Emergency Leave	_____	_____
Leave without Pay	_____	_____
Professional Development	_____	_____
Jury Duty ((\$5 per day must be submitted with form))	_____	_____

SIGNED: _____ **Date:** _____

*Sick Leave requires EITHER affirmation of a Notary OR a doctor's statement attached.

The employee's signature and date information is all that is required for all other leave requests.

Commonwealth of Kentucky
County of Jackson

I, _____, after being duly sworn or affirmed, state that the information contained on this absence request form is true and correct and that, to the best of my knowledge and belief, the SICK LEAVE absence referenced above meets the criteria set forth in policies adopted by the Jackson County Board of Education for the SICK LEAVE absence requested on this the _____ day of _____, 20_____.

SUBSCRIBED AND SWORN to before me by _____
This the _____ day _____, 20_____.

Notary Public

My Commission Expires: _____

PROFESSIONAL DEVELOPMENT SECTION

Location of Conference: _____

Purpose of Conference: _____

Program which reimburses PD: School _____ C. O. _____ Other: _____

Estimated Expenses		Relevance
Lodging		How does this relate to your CSIP?
Food (No. of days) X \$30 day) *		
Mileage (No. of miles X rate/mile)		
Registration Fees		How does this relate to your IGP?
Substitute Teacher (No. of days X rate)		
TOTAL		
*For Overnight Trips Only		

Principal/Superintendent Signature _____ Date _____

Program Coordinator Signature _____ Date _____

PD Coordinator Signature _____ Date _____