

Leave Request Form and Affidavit

Procedure 03.123 AP.2 to be used in the event that the employee is unable to request leave through the online Frontline Absence Management Program, or upon Supervisor request. Below Leave Affidavit is REQUIRED for sick, personal, or emergency leave requests.

Name: _____	Location: _____
Date of Leave: _____	Frontline Confirmation #: _____

- ☐ - Sick leave based on personal illness
- ☐ - Sick leave to attend to an immediate family member* who was ill
- ☐ - Sick leave to mourn the death of an immediate family member*
- ☐ - Personal leave in compliance with and subject to qualifications set forth in Policy 03.1231/03.2231.

This leave is personal in nature.

- ☐ - Emergency leave in compliance with and subject to conditions set forth in Policy 03.1236/03.2236
 - ☐ Bereavement ☐ Disasters ☐ Court /Legal ☐ Other, specify: _____
- ☐ Maternity/Adoption/Childrearing Leave: Policies 03.1233/03.2233.
- ☐ Jury Duty Leave: Policies 03.1237/03.2237.
- ☐ Military/Disaster Services Leave: Policies 03.1238/03.2238.
- ☐ Non-Contract Day
- ☐ Vacation (260 Day Employees)
- ☐ Professional Development: Requested Training: _____
- ☐ Other: Requested Purpose: _____

I hereby affirm and attest that the information I have provided is true and, under provision of law and Board policy, qualifies me to take the leave indicated. I understand that if I have provided information that is not true, I may be subject to disciplinary action.

Employee's Signature

Date

Superintendent/designee's Signature Approving Leave as Requested

Date

LEAVE AFFIDAVIT ([KRS 161.152](#), [KRS 161.154](#), [KRS 161.155](#))

Comes the affiant, _____, after being duly sworn, and states as follows:
I am submitting this request for the use of leave for the following purpose(s) (check applicable boxes); that the facts supporting the request for leave as indicated below are true and correct; and that to the best of my knowledge, information, and belief, I am qualified for the leave requested pursuant to applicable state statute and Board policy.

For the following dates: _____

Affiant's Signature

Date

Affiant's Name (Print or Type)

Subscribed and sworn to before me this _____ day of _____,
2 _____

Notary _____ Public: _____
_____ County, Kentucky

My Commission Expires: _____

A personal affidavit is required for the use of personal leave, the use of emergency leave, and the use of sick leave for the purpose of mourning a member of the employee's immediate family.* Either a personal affidavit or a certificate of a physician supporting the need for sick leave is required for the use of sick leave if the employee was absent due to his/her own personal illness or for the purpose of attending to an immediate family member* who was ill. If an employee who requests to use sick leave for his/her own personal illness or to attend to an immediate family member* who is ill does not submit a supporting physician's certificate, s/he must submit a supporting personal affidavit. Requirements for use of sick leave following child birth and adoption are stated in Policies 03.1233/03.2233.

*Immediate family member shall mean the employee's spouse, children (including stepchildren and foster children), grandchildren, daughters-in-law and sons-in-law, brothers and sisters, parents, spouse's parents, grandparents, and spouse's grandparents, without reference to the location or residence of said relative and any other blood relative who resides in the employee's home.

Review/Revised:8/20/2019