

NAME OF EMPLOYEE _____

DATE ABSENT _____

NUMBER OF DAYS ABSENT _____

NAME OF SUBSTITUTE _____

‘Sick leave shall mean leave of absence because of : illness of a teacher from natural causes or accident, quarantine, or illness or death of a member of the immediate family of a teacher, including the teacher’s wife or husband, parents, grandparents, children, grandchildren, brothers, sisters, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, and sister-in-law; however, upon written request of the teacher accompanied by a statement from her physician verifying pregnancy, any teacher who goes on maternity leave shall be allowed to use all or a portion of her accumulated sick leave for maternity leave purposes “during the time period of her physical disability only, as determined by her physician.” (TC. 40-1314 as amended by Chapter 70 of the Public Acts of 1979).

Professional and personal leave days are those days earned but not to exceed two (2) days noncumulative per teacher per school year granted under policies of the local board of education.

I certify that I was absent _____ days(s) because of

_____Medical

_____Personal

_____Educational

Meeting or Activity Attended _____

_____Vacation

Signature of Employee

Signature of Principal or Supervisor

Date