

# Greene County Schools

## CLASSIFIED SUPPORT STAFF LEAVE FORM:

Name: \_\_\_\_\_ School: \_\_\_\_\_

Date(s) absent: \_\_\_\_\_

Reason for absence:  Sick Leave = \_\_\_\_\_ Days

Name of person sick or deceased:

Relationship: \_\_\_\_\_

Other Leave = \_\_\_\_\_ Days

Please explain fully the circumstances of any Other Leave claimed above.  
(Reason, Person Approving, Etc.)

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I certify to the correctness of the above:

Signature of Classified support staff member: \_\_\_\_\_

Date filed: \_\_\_\_\_

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**Substitute Information:** To be filed by absent person on first day of return or by Secretary and / or Principal.

Name: \_\_\_\_\_ Number of Days Worked: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

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### ***Principal or Supervisor Verification:***

I verify the information concerning the staff member's absence and the substitute used:

Signed: \_\_\_\_\_ Principal / Supervisor

Date: \_\_\_\_\_

Copies To:     1. Central Office (Original)   2. Employee's Central Location   3. Employee