

GRANT COUNTY SCHOOLS

Claim for Personal Leave
(Please read county policy on [Service & Personnel Leave](#))

Name of Employee _____ School _____

I hereby certify that during the _____ school month, beginning _____, 20____
And ending _____, 20____, I was absent from work a total of _____ days due to:

PERSONAL ILLNESS / INJURY

The principal or superintendent has the right to require a physician's certification of any illness. Date (s) of absence _____

Substitute (s) _____
Name _____ Date (s) _____
Name _____ Date (s) _____
Name _____ Date (s) _____

ILLNESS IN IMMEDIATE FAMILY

Date (s) of absence _____

Substitute (s) _____
Name _____ Date (s) _____
Name _____ Date (s) _____

DEATH IN IMMEDIATE FAMILY

Date (s) of absence _____

Substitute (s) _____
Name _____ Date (s) _____
Name _____ Date (s) _____

PERSONAL LEAVE

Limited to four days per year – cannot be consecutive without authorization of principal or immediate supervisor. Date (s) of absence _____

Substitute (s) _____
Name _____ Date (s) _____
Name _____ Date (s) _____

Signature of Employee Date

Signature of Principal Supervisor Date

Signature of Physician, Asst. Superintendent, or Superintendent Date

* Statement from Physician may be attached in lieu of signature