

**PENDLETON COUNTY SCHOOLS**  
**Claim for Personal Leave**

(Please Read County Policy P.14.1 in the Policy Manual)

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 (attach physician's statement for leaves in excess of three (3) consecutive days). Date(s) of absence \_\_\_\_\_

Substitute(s) \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

ILLNESS IN IMMEDIATE FAMILY (Limited to three (3) days in any one illness. See P.16 in the policy manual for Family Medical Leave Benefits)

Date(s) of absence \_\_\_\_\_  
Substitute(s) \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

DEATH IN IMMEDIATE FAMILY (Limited to 5 days per occurrence)

Date(s) of absence \_\_\_\_\_  
Substitute(s) \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

PERSONAL LEAVE (Limited to three days per year-cannot be consecutive without authorization of principal or immediate supervisor)

Date(s) of absence \_\_\_\_\_  
Substitute(s) \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

PROFESSIONAL LEAVE (Will not be deducted from Sick/Personal Leave Days)

Meeting/Conference Attended \_\_\_\_\_  
Substitute(s) \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal/Supervisor or Superintendent \_\_\_\_\_ Date \_\_\_\_\_