

PENDLETON COUNTY SCHOOLS

Name of Employee \_\_\_\_\_ School \_\_\_\_\_

I hereby certify that during the \_\_\_\_\_ calendar month, beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_, I was absent from work a total of \_\_\_\_\_ days due to:

VACATION

All employees must submit their vacation schedule to the Superintendent's office for approval for leave in excess of three (3) consecutive days at least three weeks in advance.

\_\_\_\_\_ Date(s) of Absence

O.S. LEAVE

All employees must submit their O.S. requests to the Superintendent's office for approval at least three weeks in advance if requesting to use O.S. days other than on the regularly scheduled dates. Please use the form Request for Change of Work Schedule to request a change in schedule.

\_\_\_\_\_ Date(s) of Absence

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assistant Superintendent  
or Superintendent

\_\_\_\_\_  
Date