



SHONTO PREPARATORY SCHOOL LEAVE AFFIDAVIT



PLEASE REVIEW Personnel Policy Section IX. Leave Policies regarding Vacation/Sick/Personal leave accruals/non-accrual, leave charges and LWOP (Leave without Pay). There is very important information provided in this section that will subject you to acknowledgement, abidance and responsibility. Staff, please periodically check your leave accrual balance which is provided to you per your emailed Direct Deposit paystub and/or your payroll stub. The Supervisors/Delegates signature below does not guarantee you an automatic leave pay when submitted. You may not be eligible to receive leave pay if your leave accrual balance is either limited or has a balance of zero. Payroll will not issue leave pay if an employee has no available leave as this will create a negative leave accrual balance. You may view the Personnel Policy at the following web address: <http://www.shontoprep.org/human-resources/> (Please scroll down the page and locate the file "Employee Policy Manual")

EMPLOYEE NAME: _____ PAY PERIOD # _____

Choose Leave Option:

- | | | |
|---|---|--|
| <input type="checkbox"/> SICK LEAVE: Self/Family | <input type="checkbox"/> VACATION LEAVE: 12 mos. | <input type="checkbox"/> Family Medical Leave Act (FMLA) |
| <input type="checkbox"/> PERSONAL LEAVE: 11/10 mos. | <input type="checkbox"/> COMPENSATORY TIME | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> LEAVE WITHOUT PAY | <input type="checkbox"/> Authorized School Business | <input type="checkbox"/> OTHER (e.g., Bereavement, etc.) |

	DATE:		TIME:		TOTAL HOURS
FROM					
TO					

***CERTIFICATION:** I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with Shonto Preparatory School's Policies and Procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including termination.*

REMARKS/REASON:

EMPLOYEE SIGNATURE: _____ DATE: _____

OFFICIAL ACTION REQUEST APPROVED DISAPPROVED/REASON: (Please indicate Reason for Disapprove Below)

SUPERVISOR SIGNATURE: _____ DATE: _____

NOTE for Disapprove or Employee Comments: