

**AFFIDAVIT**

Date Rec'd in Central Office

\_\_\_\_ *Duplicate*

ATTENTION \_\_\_\_\_  
FOR APPROVAL

FOR PAYROLL ONLY

- \_\_\_\_ Teacher, Assistant Principal
- \_\_\_\_ Assistant, Lead Assistant
- \_\_\_\_ Secretary, Bookkeeper, Attendance
- \_\_\_\_ Principal
- \_\_\_\_ Central Office

Name: \_\_\_\_\_  
Print Name as on Your Payroll Check

Social Security # \_\_\_\_\_

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

This is to certify that I, \_\_\_\_\_ was absent from school the following dates

NOTE: dates should include ONLY pay period of 1<sup>st</sup>-15<sup>th</sup> OR 16<sup>th</sup>-31<sup>st</sup>

____ Mo. Day Yr.	____ Mo. Day Yr.	____ Mo. Day Yr.	____ Mo. Day Yr.	____ Mo. Day Yr.
____ Mo. Day Yr.	____ Mo. Day Yr.	____ Mo. Day Yr.	____ Mo. Day Yr.	____ Mo. Day Yr.

I certify that I was absent from the following reason:

\_\_\_\_ Number of Days absent for Sick Leave      \_\_\_\_\_ Employee      \_\_\_\_\_ Family

\_\_\_\_ Number of Days absent for Personal Leave- Not Sick Leave

\_\_\_\_ Number of Days absent for Other Reasons- This covers meetings, contests, jury duty, etc.

Name of Contest, Meeting, Etc. \_\_\_\_\_

\_\_\_\_ Number of Days absent Without Leave (Pay Reduced)

I certify that the person listed below taught in this position during the above mentioned absence(s):

Substitute's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Print Name as on your Payroll

\_\_\_\_\_  
Principal's Signature