

Greene County Schools

CERTIFIED STAFF LEAVE CLAIM FORM: School: _____

Name: _____

<input type="checkbox"/> Gen. Teacher	<input type="checkbox"/> Voc.
<input type="checkbox"/> Res. Teacher	<input type="checkbox"/> Chapter 1
<input type="checkbox"/> Title II	<input type="checkbox"/> Administrative

“Sick Leave” shall mean leave of absence because of illness of a teacher from natural causes or accident, quarantine, or illness or death of a member of the immediate family of a teacher, including the teacher’s wife or husband, parents, grandparents, children, grandchildren, brothers, sisters, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, and sister-in-law.

<i>Reason for absence:</i>	<i>Date(s)</i>	<i>Explanation:</i>
<input type="checkbox"/> Sick Leave _____ Days	<i>Absent:</i> _____	
Name of person sick or deceased: _____	<input type="checkbox"/> Other Leave	_____
Relationship: _____	<input type="checkbox"/> Leave Without Pay	_____
<input type="checkbox"/> Personal Leave _____ Days	<input type="checkbox"/> Legislative/Court Leave	_____
	<input type="checkbox"/> Varsity Sports Leave	_____
	<input type="checkbox"/> Vocational (Curriculum) Leave	_____
	<input type="checkbox"/> Regular Class Field Trip Leave (Paid By School)	_____
	<input type="checkbox"/> Association Leave	_____
_____ Signature of Appropriate Supervisor		

I certify to the correctness of the above:
 Signature of Certified staff member: _____
 Date filed: _____

Substitute Information: To be filed by absent person on first day of return to work or by Secretary and / or Principal.
 Name: _____ Number of Days Worked: _____
 Complete Mailing Address: _____
 _____ Zip Code: _____
 _____ Phone Number: _____

Principal or Supervisor Verification:
 I verify the information concerning the staff member’s absence and the substitute used as
 Certified/Degreed Non-Certified
 Signed: _____ Principal Date: _____

Copies To: 1. Central Office (Original) 2. Employee’s Work Place 3. Employee