

**M.S.D. of Southwest Allen County  
Certification of Employee Absence**

- All employees must complete this form and submit it to their immediate supervisor.
- Leaves requiring prior approval must be submitted as specified by the teacher agreement or applicable employee benefit summary.
- A copy of this form is to be retained by the building secretary to document leave requested/taken.
- Requests for “**absence without pay**” require HR approval in addition to building level approval.
- Knowledge of available leave balances is the responsibility of each employee.

Name of Employee _____		Date submitted _____	
Building _____		Date of first work day absence _____	
Date of return to work _____		Total days absent _____	
If less than full day <b>AM</b> <b>PM</b> ( <b>¼ day classified only</b> )			
Employee signature _____		Date _____	
Substitute name (if known) _____		<b>classified or certified</b>	
Immediate supervisor’s signature _____		Date _____	
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Not Approved

**Please check the appropriate box:**

**Leaves requiring prior approval**

- Personal Business Leave
- Professional Conference/Meeting (Also requires completion of Professional Conference/Meeting form)
- Absence without pay for Certified Personnel (Forward to HR for approval w/ letter of explanation)  
Four (4) weeks lead time required \_\_\_\_\_ Date \_\_\_\_\_
- Bereavement                       Family                      Director of Human Resources  
or                       Friend/Other relatives
- Jury Duty
- Vacation (Applies to 12 month classified positions only)
- Special/emergency/without pay (forward to HR for approval)  
\_\_\_\_\_ Date \_\_\_\_\_
- Other: Please Specify \_\_\_\_\_  
Director of Human Resources

**Verification of sick/family illness for teachers and transportation employees only**

- Sick Leave
- Family Illness

Falsification or failure to complete this form is a violation of SACS leave rules and could result in disciplinary action.