Please check one:
= Certified
Personnel
= Educational
Support Personnel

## JOHNSON COUNTY SCHOOLS EMPLOYEE ABSENTEE FORM

Name			School:		
Home Address:					
<b>I.</b> Fill in the appropriate in	nformation:				
Leave type	# days	Dates	Family Relation	Assigned by	Explanation
Sick*				NA	NA
Personal			NA	NA	NA
Bereavement**				NA	NA
Professional Devel.			NA		
Unpaid Leave ***			NA	NA	
Jury Duty			NA	NA	NA
Other			NA		
*******	*******	******	******		******
**************************************	*******	******	******		******
**************************************	**************  ng substitute for _	******	******	******	
**************************************	***************  ng substitute for _  ***********************************	*****	**************************************	******	
**************************************	**************************************	************ ****************	**************************************	******	
**************************************	*************  ng substitute for _  ********  e statements are a	************ ****************	**************************************	******	
**************************************	*************  ng substitute for _  ********  e statements are a	************ ****************	**************************************	******	
Employee:(Signal)  Principal/Supervi	*************  ng substitute for _  ********  e statements are a  ature)	**************************************	**************************************	******	

\*SICK LEAVE ALLOWED- "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, or son-in-law, brother-in-law, or sister-in-law: however, upon written request of the teacher accompanied by a statement from her/his physician verifying pregnancy, any teacher who goes on maternity leave shall be allowed to use all or a portion of her accumulated sick leave for maternity leave purposes "during the period of her physical disability only, as determined by a physician." TCA 49-1314 as amended by Chapter 78 of the Public Acts of 1979.

\*\*BEREAVEMENT LEAVE is for a maximum of 3 days per death (non-accumulative) for the death of the following: employee's spouse, parent, step-parent, brother, sister, step-brother/sister, child, step-child, father-in-law, mother-in-law, foster parent, daughter-in-law, son-in-law, brother-in-law, sister-in-law, grandparent, grandchild and grandparent-in-law, aunt/uncle, or niece/nephew. You may use 2 additional sick leave days in addition to the 3 days of bereavement leave with the approval of your principal.

\*\*\*Unpaid leave must be approved by Director of Schools