

**GIBSON COUNTY SCHOOL DISTRICT
SICK LEAVE AFFIDAVIT**

This is to certify that I, _____,
Employee's Name

an employee at _____, was absent from school the following dates:
School

_____ Month/ Day/ Year	_____ Month/ Day/ Year	_____ Month/ Day/ Year
_____ Month/ Day/ Year	_____ Month/ Day/ Year	_____ Month/ Day/ Year
_____ Month/ Day/ Year	_____ Month/ Day/ Year	_____ Month/ Day/ Year

I certify that I was absent for the following reason (s):

_____ Days absent for **SICK LEAVE**
Explanation: This covers all sick leave.

Personal Illness Family Illness- Relationship

_____ Days absent for **PERSONAL OR PROFESSIONAL LEAVE**
Explanation: Two days earned per year (Certified)
One day earned per year (Classified)

_____ Days absent for **OTHER REASONS**
Explanation: This covers all meetings, contests, jury duty, etc., and
Must be Principal Approved.

Type of Other Leave (name of contest, meeting, etc.)

_____ Days absent **WITHOUT LEAVE (PAY REDUCED)**
#

I, _____ certify that the person listed below taught in this position
Employee's signature
during the above mentioned absence (s):

SUBSTITUTE'S NAME _____ SS# _____
ADDRESS _____ CITY _____ ST _____
COLLEGE DEGREE: YES _____ NO _____

SUB HAS A VALID TENNESSEE TEACHER'S LICENSE
ON FILE IN THE SUPERINTENDENT'S OFFICE: YES _____ NO _____

PRINCIPAL'S SIGNATURE

DATE RECEIVED IN CENTRAL OFFICE _____ POSTED _____