

JOHNSON COUNTY SCHOOLS EMPLOYEE ABSENTEE FORM

Transportation & Maintenance

Name: _____

School: _____

Home Address: _____

I. Fill in the appropriate information:

<i>Leave type</i>	<i># days</i>	<i>Dates</i>	<i>Family Relation</i>
<i>Sick*</i>			
<i>Personal</i>			<i>NA</i>
<i>Bereavement**</i>			
<i>Vacation</i>			<i>NA</i>

If the request is for four or more days in succession a doctor's note must accompany the form

II. Please pay the following substitute for _____ days.

(Name)

III. I certify that the above statements are true.

Employee: _____
(Signature) (Date)

Supervisor: _____
(Signature) (Date)

*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. You may use 2 additional sick leave days in addition to the 3 days of bereavement leave with the approval of your principal.