

Tuscola ISD Leave Verification Form for Administrators/Supervisors/Nonunion Secretaries

Month _____

Year _____

NAME _____		POSITION _____			
PAID LEAVE DAYS — DEDUCTED FROM YOUR ACCUMULATED SICK TIME	<i>Personal Illness or Disability of Employee</i>	<i>Serious Illness in the Immediate Family</i>	<i>Personal Business</i>	<i>Other Days by Specific Approval -please specify (admin/supv only)</i>	<i>Attendance at Funeral Other than Immediate Family or Additional Time Needed</i>
<i>Date(s) of Leave</i>					
OTHER PAID LEAVE DAYS — NOT DEDUCTED FROM YOUR ACCUMULATED SICK TIME	<i>- Nonchargeable – <u>Personal Business</u> (admin/supvsr only)</i>	<i>- Nonchargeable - <u>Death in Immediate Family*</u> (5)</i>	<i>- Nonchargeable - <u>Jury Duty</u> <u>Court-Subpoena Appearances</u></i>		
<i>Date(s) of Leave</i>					

<u>PAID VACATION DAYS</u> (dates)	<u>PAID SNOW DAYS (dates)</u>		<u>UNPAID DAYS—NOT SCHEDULED TO WORK (dates)</u>

**spouse, children, step children, father, mother, step father, step mother, father-in-law, mother-in-law, brother, sister, step brother, step sister, grandchildren, grandparents, son-in-law, daughter-in-law, brother-in-law, and sister-in-law.*

WORK SCHEDULE SCHOOL YEAR _____ - _____ NUMBER OF DAYS TO BE PAID: _____ <hr/> Number of paid days earned this month: _____ Number of paid days earned prior to this month: _____ Number of days remaining in my work schedule: _____

<u>Check here if no leave days were used</u> 
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Employee's Signature Date

Supervisor's Signature Date