

JACKSON INDEPENDENT SCHOOL DISTRICT
Certified Staff Absence Report

Name: _____

Date(s) of Absence: _____

Check (1) One: K-6 ____ 7-12 ____ Circle (1) One: M T W Th F

Sick Leave _____

Nature of Illness: _____

I do solemnly swear that on the above mentioned date, I was unable to perform my school duties and apply for Excused Sick Leave in compliance with the provisions of Section 161.155 KRS.

Signed: _____

Other reason for absences:

Personal: _____

Emergency: _____

Meeting/Workshop: _____ (Complete below)

Meeting Title: _____

Location: _____