

**ELIDA LOCAL SCHOOLS
STATEMENT OF ABSENCE AFFIDAVIT**

Date: _____

I, the undersigned employee of the Elida Local School District, was absent from duty on _____ because of:

(List dates – if absence was less than whole day, please indicate)

- | | |
|--|--|
| <input type="checkbox"/> Personal Illness | <input type="checkbox"/> Dock |
| <input type="checkbox"/> Illness of Immediate Family | <input type="checkbox"/> Personal Leave |
| <input type="checkbox"/> Death of Immediate Family | <input type="checkbox"/> Professional Leave |
| <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Leave (Family, Military, Maternity) |
| <input type="checkbox"/> Vacation | |

If attended by physician: Physician's Name _____
Physician's Address _____
Date _____

I certify that my absence from duty was in accordance with the Elida Board of Education's Policy.

Employee's Signature

FALSIFICATION OF THIS STATEMENT IS GROUNDS FOR SUSPENSION OR TERMINATION OF EMPLOYMENT.

Approved _____ Disapproved _____
Principal's Signature Principal's Signature

Approved _____ Disapproved _____
Superintendent's Signature Superintendent's Signature

Recorded _____
Treasurer's Signature

Pay will be deducted for any absence occurring without a Statement of Absence Affidavit.

State law requires that the name of any attending physician be noted on this form if a physician was consulted.