Revised (6/2004)

NELSONVILLE-YORK CITY SCHOOL DISTRICT
EMPLOYEE LEAVE FORM
SECTION A

The following information must be completed:

1) Employee:_____ 2) _____20_____
(Name) (Date)

3) Employment Type: ___ Certified ___ Classified ___ Administrative

4) I hereby certify to the Nelsonville-York Board of Education that I was absent from school employment:

Date(s) of Absence: _____ Total Days of Absence_____

5) Employee signature is required. The employee's signature authorizes the Treasurer to make appropriate debit(s). The employee's signature (certification) also attests that each provision is covered by terms of contract and provisions of the Ohio Revised Code. This certification shall become a file record of said absence by the Treasurer of the Board of Education of the Nelsonville-York City School District.

6) Indicate appropriate leave provision:

____ *Bereavement Leave

_____
***(RELATIONSHIP TO EMPLOYEE)**
***(MUST BE FILLED OUT)**

____ Adoption Stabilization Leave

____ Dock Day

____ Field Trip

____ Jury Duty Leave

____ Personal Leave

____ Professional Leave

____ Sick Leave

____ Vacation

____ Other_____

NELSONVILLE-YORK CITY SCHOOL DISTRICT
PAYROLL FORM
SECTION B

The following information must be completed:

1) Substitute:_____ 2) _____20_____
(Name) (Date)

I hereby certify that I was employed as a substitute on the following date(s):

Date(s) of Employment:_____ Total Days of Employment_____

(Substitute) Signed:_____ Amount_____

Date:_____ (District Employee Signature) _____

Date:_____ (Supervisor/Principal Signature)_____

Date:_____ (Superintendent Signature)_____