

# Certified Leave/Absence Report

Revised  
06/10

Fax : 785-543-6654

**NCKSEC Interlocal 636**  
205 F Street, Suite 235  
Phillipsburg, KS 67661  
[www.ncksec.net](http://www.ncksec.net)

Phone: 785-543-2149

Name \_\_\_\_\_ USD \_\_\_\_\_ ES MS/JH HS

**All absences must be reported on a Leave Sheet and faxed/sent to Phillipsburg.**

<i>Check One:</i>	Leave Reason:	Date(s) of Absence	Number of Days Absent	Sub Y N
<input type="checkbox"/> 1.	Sick Leave (Self/Family)			
<input type="checkbox"/>	Aditonal Sick Days			
<input type="checkbox"/>	Additional Sick Days			
<input type="checkbox"/>	Aditonal Sick Days			
<input type="checkbox"/>	Aditonal Sick Days			
<input type="checkbox"/> 2.	Bereavement/Funeral			
<input type="checkbox"/> 3.	Personal Leave			
<input type="checkbox"/> 4.	FMLA			
<input type="checkbox"/> 5.	Jury Duty			

\_\_\_\_\_ Date Submitted    \*Email Address.    *Approval will be Emailed.*    \_\_\_\_\_ Employee Signature

\_\_\_\_\_ Principal Signature

All Inservice/Professional Leave requests must be submitted  
via the PDP Toolbox at:

**[www.pdptoolbox.org](http://www.pdptoolbox.org)**

**Registration forms must be sent/faxed Joyce at NCKSEC.**

**Office Use Only**

<input type="checkbox"/> Leave Approved	Account Number for Substitute:
<input type="checkbox"/> Leave NOT approved	
Director Signature: _____	

If leave is not taken, please notify the NCKSEC office or it will be recorded.