

APPLICATION FOR SICK LEAVE

Name _____ Date Submitted _____

1. I hereby request ____ day(s) of sick leave beginning _____, 20____ and ending _____, 20____.
(date) (date)

2. The undersigned says that he/she is hereby making application for the use of sick leave as provided in Ohio Revised Code 3319.141 and that the use of such leave is justified for the following reason:

A ____ Personal Illness

C ____ Exposure to Contagious Disease

B ____ Personal Injury

D ____ Illness, Injury, or Death in
Immediate Family (CIRCLE ONE)

3. If A, B, or C is checked above, was medical attention required? Yes ____ No ____

4. If "yes", please state the name and address of the physician and the dates consulted.

Name _____ Date Consulted _____

Address _____

5. If "D" is checked above, please give the name, address and relationship of such members of your immediate family.

Name _____ Relationship _____

Address _____

FALSIFICATION OF THIS STATEMENT IS GROUNDS FOR SUSPENSION OR EXPULSION.
(O.R.C. 3319.16 AND O.R.C. 3319.081.)

Signature of Employee

Date

Approved

Principal / Supervisor

Date

Denied

If denied, state reason(s) _____

Original: Employee

Copy to: Employee

Principal / Supervisor

9/14/17