

### APPLICATION FOR SICK LEAVE

This form is to be completed and submitted to the Principal or Supervisor the first day an employee returns following an absence for which sick leave is requested. Social Security Number or Employee I. D. Number must be on this form.

**NAME:** \_\_\_\_\_ **SSN/ID:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**School/Department to which assigned:** \_\_\_\_\_

The undersigned is hereby making application for use of sick leave as provided in Revised Code 3319.141 and certifies that sick leave is justified for the following reason:

1. Reason for use of leave:

- |          |                                |          |   |
|----------|--------------------------------|----------|---|
| A. _____ | Personal Illness               | D. _____ | Illness, Injury, or Death in immediate family (spouse, children, step-children, step-parents, parents, in-laws, brother, sister, grandparent, grandchild, aunt, uncle, or a relative living in the household) |
| B. _____ | Personal Injury                |          |   |
| C. _____ | Exposure to Contagious Disease |          |   |
|          |                                |          |   |

2. If A, B, or C is checked above, was medical attention required? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. If "yes," please state the name and address of the physician and the date(s) consulted:

Name: \_\_\_\_\_ Date(s) Consulted: \_\_\_\_\_

Address: \_\_\_\_\_

4. If "D" is check above, please give the name, address, and relationship of such member(s) of your immediate family:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

5. I hereby request \_\_\_\_\_ day(s) of sick leave beginning on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ AM/PM, and ending on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ AM/PM.

**I swear or affirm that the above statements are true.**

\_\_\_\_\_  
**SIGNATURE OF EMPLOYEE**

\*\*\*\*\*

Administrative Action

Date \_\_\_\_\_ Recommended \_\_\_\_\_

Date \_\_\_\_\_ Recommended \_\_\_\_\_

Not Recommended \_\_\_\_\_  
Comment(s): \_\_\_\_\_

Not Recommended \_\_\_\_\_  
Comment(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Principal/Supervisor: \_\_\_\_\_

Superintendent: \_\_\_\_\_