CONNEAUT AREA CITY SCHOOLS

APPLICATION FOR SICK LEAVE

Employee's Name _____Date Submitted _____

School Assigned _____Employee Number_____

NOTE: Falsification of a sick leave statement may be grounds for suspension or termination.

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

1. Reason for use of leave:

A. _____ Personal Illness

B. _____ Personal Injury

C. _____ Exposure to contagious disease

D. _____ Illness/Injury in Immediate Family

E. _____ Death in Family

F. _____ Pregnancy/Birth/Adoption

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

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

Name _____ Date(s) consulted _____

Address _____

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

Name _____Relationship _____

Address _____

5. I hereby request ____ day(s) of sick leave for _____, 20____.
Date(s)

_____
Signature of Employee

If disapproved, state reason:

_____

_____

Amended 7/1/06