

ASHTABULA COUNTY EDUCATIONAL SERVICE CENTER

APPLICATION FOR SICK LEAVE

Employee's Name _____ Date Submitted _____

Position _____ Approved _____ Disapproved _____

by _____
Superintendent Date

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 reason:

1. Reason for use of sick leave:

A. _____ Personal Illness or injury

B. _____ Illness, Injury, or Death in Immediate Family

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

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

Name _____

Address _____

Date Consulted _____

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

Name _____

Address _____

Relationship _____

5. I hereby request _____ day(s) of sick leave beginning _____ AM; PM _____
and ending _____ AM; PM _____ (date)
(date)

FALSIFICATION OF THIS IS GROUNDS FOR SUSPENSION OR EXPULSION.
R.C. 3319.16 and R.C. 3319.081

Signature of Employee

If disapproved, state reasons: _____
