

SICK LEAVE

Employee _____ # of Days Absent _____

Date(s) Absent _____

Requested sick leave was used for:

_____ Employee

_____ Family Relationship _____

_____ Death in Family Relationship _____

Nature of Illness _____

Was a physician consulted? Yes _____ No _____

If yes, please give physician's name, address, and date(s) consulted:

R.C. 3319-14.1, 3319-141

. . . Teachers and non-teaching school employees, upon approval of the responsible administrative officer of the school district, may use sick leave for absence due to illness, injury, exposure to contagious disease which could be communicated to others, and for the absence due to illness, injury or death in the employee's immediate family . . .

. . . A board of education shall require a teacher or non-teaching school employee to furnish a written, signed statement on forms prescribed by such board to justify the use of sick leave. If medical attention is required, the employee's statement shall list the name and address of the attending physician and the dates when he/she was consulted. . .

. . . Falsification of a statement is grounds for suspension or termination of employment under Sections 3319.081 (3319.08.1) and 3319.16 of the Revised Code. . .

Substitute _____

Employee's Signature

* A sick leave form is required at least once a month for long term absences.