

**PERSONNEL DEPARTMENT  
APPLICATION FOR USE OF SICK LEAVE**

*Payment for the use of sick leave is obtained by the submission of this completed application to the Personnel Department within two days after your return from sick leave.*

EMPLOYEE NAME \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING/DEPARTMENT \_\_\_\_\_ POSITION \_\_\_\_\_

The undersigned, hereby applies for \_\_\_\_\_ days of sick leave as provided in Section 3319.141 of the Ohio Revised Code.

I began my absence \_\_\_\_\_ a.m. \_\_\_ p.m. 20\_\_\_\_

I returned to duty \_\_\_\_\_ a.m. \_\_\_ p.m. 20\_\_\_\_

The undersigned further states that the use of sick leave is justified for the following reason:

1. Personal illness - nature of illness \_\_\_\_\_
2. Personal injury - nature of injury \_\_\_\_\_
3. Illness or injury in immediate family \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_
4. Death of immediate family member \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of Death \_\_\_\_\_
5. Other \_\_\_\_\_

If medical attention was required, the name and address of the attending physician, and the dates consulted, are as follows:

Name of attending physician: \_\_\_\_\_

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

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

Signature of Employee: \_\_\_\_\_

*Section 3319.141 of the Ohio Revised Code provides in part as follows: 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 consulted.*