

APPENDIX 2

**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's 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 _____, _____ am/pm 2 _____

I returned to duty _____, _____ am/pm 2 _____

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

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: _____

This section must be completed by a physician for any employee who has exceeded five (4) consecutive days of sick leave.

This certifies that on _____, 20_____, I treated _____
(patient)

for _____
(condition)

Date

Signature of Licensed Physician

Address: _____

Phone: _____

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