

**MINFORD LOCAL SCHOOLS
APPLICATION FOR SICK LEAVE**

EMPLOYEE'S NAME _____

DATE SUBMITTED _____

ASSIGNMENT _____

The undersigned is making application for use of sick leave as provided in Revised Code 3319.141, stating the sick leave is justified for the following reason:

A. REASON FOR USE OF LEAVE:

- | | |
|-----------------------------------|---|
| 1. _____ Personal Illness | 3. _____ Death in Family |
| 2. _____ Illness of Family Member | 4. _____ Jury Duty *
* Need form and check |

B. If Personal Illness lasts more than two days, please attach a doctor's certificate in accordance with Board Policy Section 4.21.10.

I hereby request _____ day(s) of sick leave for the following date(s) as listed below:

Employee's Signature

Approved _____ Disapproved _____ Date _____ By _____

If disapproved, state reason: _____

