



Administration Center / 956 Moxahala Avenue

ZANESVILLE CITY SCHOOLS

APPLICATION FOR SICK LEAVE

EMPLOYEE NAME: _____ DATE SUBMITTED: _____

BUILDING ASSIGNMENT: _____

The undersigned states he/she is hereby making application for the use of sick leave as provided in Revised Code 3319.141, and that use of such sick leave is justified for the following reason:

Purpose of Request:

- A. Personal Illness _____ C. Exposure to Contagious Disease _____
B. Personal Injury _____ D. Illness, Injury, Death in Family _____

If A, B or C is checked, was medical attention required? _____ YES _____ NO
CHECK CHECK

If "Yes," please provide name of physician and date(s) consulted.

Name: _____ Date(s): _____

If D is checked, give name and relationship of family member:

Name: _____ Relationship: _____

I hereby request _____ day(s) of sick leave

Begin: _____
TIME OF DAY (include a.m. or p.m.) DAY OF WEEK FULL DATE

End: _____
TIME OF DAY (include a.m. or p.m.) DAY OF WEEK FULL DATE

SIGNATURE OF PRINCIPAL

SIGNATURE OF EMPLOYEE

APPROVED: _____ DISAPPROVED: _____

BY: _____ DATE: _____
SIGNATURE OF SUPERINTENDENT AND/OR DESIGNEE

IF DISAPPROVED, STATE REASONS ON REVERSE SIDE OF THIS FORM