

COLUMBUS GROVE LOCAL SCHOOL
APPLICATION FOR USE OF SICK LEAVE

EMPLOYEE NAME: _____ DATE: _____

The undersigned deposes and says that he/she is hereby making application for the use of sick leave as provided in Section 3319.141 ORC, and that the use of such 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 and Relationship

4. Death in Immediate Family: _____

Name and Relationship

5. Other: _____

NUMBER OF DAYS

DATES being requested:

EMPLOYEE SIGNATURE _____

PRINCIPAL/SUPERVISOR SIGNATURE _____

SUPERINTENDENT _____