

EDUCATIONAL SERVICE CENTER OF NORTHEAST OHIO

Essex Place, Suite 300
6393 Oak Tree Blvd., Independence, OH 44131
Phone: 216-524-3000 Fax: 216-606-1044

Sick Leave Form

Name: _____ Last four digits of SS# _____
(Please Print)

School District _____ Building _____

Position _____ Phone/e-mail _____

The undersigned says that he/she is hereby making application for the use of sick leave as provided in Revised Code 3319.141 (3319.141.1) and that use of such sick day is justified for the following reasons:

1. Date(s) Requested: _____ Choose: 1 day _____ $\frac{3}{4}$ _____ $\frac{1}{2}$ _____ $\frac{1}{4}$ _____

2. Reason for use of Leave:

- ☐ A. Personal Illness (Includes medical/dental appointments)
- ☐ B. Personal Injury
- ☐ C. Exposure to Contagious Disease
- ☐ D. Illness, Injury or Death in Immediate Family (includes parents, siblings, grandparents, spouse, children, grandchildren and in-laws.)

3. If A, B, or C is checked above, was medical attention required? Yes _____ No _____

4. If "Yes", please state name and address of the physician and the dates consulted.

Name: _____

Address: _____

Date(s) Consulted: _____

5. If "D" is checked above, please give name, address, and relationship of such members of your immediate family.

Name: _____

Address: _____

Relationship: _____

Falsification of information on sick leave request is grounds for termination of contract.

Employee's Signature

Signature of Building Principal

If disapproved, state reasons:

Updated 4-1-18lll

Email completed form to anya.goroshko@escneo.org