

**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 \_\_\_\_\_ 3/4 \_\_\_\_\_ 1/2 \_\_\_\_\_ 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](mailto:anya.goroshko@escneo.org)**