

Stark County Educational Service Center

6057 Strip Ave., NW • North Canton, OH 44720

— Sick Leave Request Form —

(Please print)

Employee Name _____

Date Submitted _____

Department _____

Position/Assignment _____

Date(s) Absent _____

In accordance with the Ohio Revised Code 3319.141 and the Governing Board of the Stark County Educational Service Center policy GCBD or GDBD.

I am requesting sick leave for a total of _____ day(s) which is justified for the following reason(s):

1. _____ Personal illness
2. _____ Illness of my immediate family whose relationship is _____
3. _____ Death of a relative whose relationship is _____
4. _____ Personal injury
5. _____ Exposure to a contagious disease
6. _____ Other reason _____

Was medical attention required? Yes No

If yes:

- a. Name of physician _____
- b. Address _____
- c. Dates consulted _____

I am requesting sick leave for the above absence.

Signed _____
Employee

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Approved

Not Approved

Signed _____

Director

Date _____

Approved

Not Approved

Signed _____

Supt./Assist. Supt.

Date _____