

Ironton City Schools

Application for Sick Leave

Application for sick leave **MUST be filed** by the employee within **THREE (3) days after return** to duty.

Employee Name: _____ Date Submitted: _____

School Assigned: _____
Principal's Signature _____ Date _____

Approved: _____ Disapproved: _____
Superintendent _____ Date _____

The undersigned says that he/she is hereby making application for the use of sick leave as provided in BOE/IEA Article 23-A5 or BOE/SSA Article 13-A5 and that the use of such sick leave is justified for the following reason:

1. Reason for use of leave:
 - A. _____ Personal illness
 - B. _____ Personal Injury
 - C. _____ Exposure to contagious disease
 - D. _____ Illness, injury, or death in immediate family*

- Immediate family of a bargaining unit member is defined to mean: father, mother, spouse, brother, sister, son, daughter, stepchildren, grandparents, grandchildren, or an individual residing in the home of said bargaining unit member, or other family members with the principal's/immediate supervisor's recommendation and the approval of the superintendent.

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

3. If "Yes" please state the name and address of the physician and the date(s) consulted.

Name: _____
Address: _____
Date(s) Consulted: _____

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

Name: _____
Address: _____
Relationship: _____

5. I hereby request _____ day(s) of sick leave beginning _____ a.m., p.m. _____ (Date)
and ending _____ a.m., p.m. _____ (Date)

Employee's Signature

For Office Use Only

If disapproved, state reason: _____

Revised: 03-15-2000