

**CERTIFIED SICK LEAVE APPLICATION (Section 4.02)**

School Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Number of Days Requested: \_\_\_\_\_

**AFFIDAVIT**

State of Ohio, County of Mahoning

The undersigned, being first duly sworn, deposes and says that he/she is hereby making application for the use of sick leave as provided in Section 143:29, ORC, and that the use of such leave is justified for the following reasons:

\_\_\_ 1. Personal illness, Nature of illness: \_\_\_\_\_

\_\_\_ 2. Personal injury, Nature of injury: \_\_\_\_\_

\_\_\_ 3. Illness or injury in Immediate Family: \_\_\_\_\_  
(Name/Relationship)

\_\_\_ 4. Death in Immediate Family: \_\_\_\_\_  
(Name/Relationship)

\_\_\_ 5. Other: \_\_\_\_\_

\_\_\_ 6. If justification is required refer to Section 4.023

I hereby request \_\_\_\_\_ days of sick leave beginning \_\_\_\_\_, 20 \_\_\_\_\_

and ending \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Principal or Supervisor  
Verification Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

**CERTIFIED PERSONAL LEAVE (SECTION 4.01)**

**Application Of Use Of Personal Leave**

School Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Dates Requested: \_\_\_\_\_

Shall be granted upon request for any of the reasons listed below. Personal leave taken for these reasons shall require at least three (3) days notice to the Superintendent, except in the case of an emergency. The Superintendent will act on the request 48 hours prior to the personal leave.

\_\_\_\_\_ 1. Attend to personal, legal, or business affairs which cannot be resolved except during the hours school is in session.

\_\_\_\_\_ 2. Emergencies

Reason for emergency leave:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Approved Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Disapproved Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

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**CERTIFIED PROFESSIONAL LEAVE (Section 4.05)**

Employee's Name: \_\_\_\_\_ Date Request Submitted: \_\_\_\_\_

Building: \_\_\_\_\_ Number of Days Requested \_\_\_\_\_

Date of Absence: From \_\_\_\_\_ Through \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Please list costs involved: \_\_\_\_\_ Food \_\_\_\_\_ Lodging \_\_\_\_\_ Transportation

\_\_\_\_\_ Registration State/Grant Reimbursed \_\_\_ Yes \_\_\_ No

Total Cost \_\_\_\_\_

\_\_\_\_\_ Approved Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Disapproved Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_