

**PAINESVILLE TOWNSHIP BOARD OF EDUCATION
APPLICATION FOR ABSENCE
(CLASSIFIED STAFF)**

Following an absence, it shall be the responsibility of the Employee to report the absence and certify as to the cause of absence on the following form:

Employee's Name _____

Building _____

Substitute's Name _____ Date Substitute Worked _____

1. Sick Leave (As provided by law)

If medical attention is required, state:

A. _____ Personal Illness

Physician _____

B. _____ Personal Injury

Address _____

C. _____ Exposure to contagious disease

D. _____ Illness, Injury, or Death in immediate family*

E. _____ Doctor/Dental Appointment

*Immediate family: Spouse, child, stepchild, parents, stepparents, parents-in-law, brother, sister, brother/sister-in-law, grandparents, grandchildren, wards, or any person living in the household of the Employee.

I hereby request _____ day(s) of sick leave beginning _____ (AM) (PM) _____, 20____
and ending _____ (AM) (PM) _____, 20____. Date

2. Personal Leave

A. _____ Pre-approved Leave Date(s) _____

B. _____ Emergency Leave Date(s) _____

3. _____ Professional In-Service Date(s) _____

4. _____ Vacation Date(s) _____

5. _____ Other Date(s) _____ (Include jury duty, military duty or any leave not covered in items 1,2,3, or 4)

6. _____ Association Leave Date(s) _____

FALSIFICATION OF A STATEMENT IS GROUNDS FOR SUSPENSION OR TERMINATION OF EMPLOYMENT UNDER SECTIONS 3319.08.1 AND 3319.16 OF THE REVISED CODE.

Signature of Building Principal/Supervisor

Signature of Employee

Date Submitted _____

Approved _____

Disapproved _____

By _____
Superintendent or Treasurer

Date _____