

SOUTHERN LOCAL SCHOOL DISTRICT

LEAVE FORM

NOTE: Employees are responsible for promptly filling this form with the principal who in turn is responsible for submitting to the Superintendent.

Name of Employee _____ Date _____

Principal _____ Name of Substitute _____

I. SICK LEAVE

I hereby certify that I was unable to perform my assigned duties due to illness.

_____ # of days _____ Dates Absent

Complete if you attended a Physician

Name of Physician _____

Address of Physician _____

II. PERSONAL LEAVE/EMERGENCY LEAVE

I hereby certify that I was absent on personal leave having given 3 days prior notice, or I hereby certify that I was excused by the Superintendent for Emergency Leave.

_____ # of days _____ Dates Absent

III. VACATION LEAVE (12 month employees only)

I hereby certify that I was absent vacation leave having given prior notice to the Superintendent.

_____ # of days _____ Dates Absent

IV. ABSENT DAYS WITHOUT REIMBURSEMENT

I hereby certify that I was absent from my job for which I am not to be reimbursed as approved by the Superintendent.

_____ # of days _____ Dates Absent

V. FUNERAL LEAVE

I hereby certify that I was unable to perform my assigned duties due to death in my immediate family.

_____ # of days _____ Dates Absent

Superintendent Employee

SECTION 3319.141.....FALSIFICATION OF A STATEMENT IS GROUNDS FOR SUSPENSION OR TERMINATION OF EMPLOYMENT UNDER SECTIONS 3319.081 AND 3319.16 OF THE REVISED CODE.

