

WAYNE LOCAL SCHOOLS

STAFF ABSENCE FORM

Employee's Name _____ Date Submitted _____

CHECK TYPE OF LEAVE TO BE USED. ONE TYPE OF LEAVE PER FORM.

- _____ A. **SICK LEAVE** (Falsification of Sick Leave will be Grounds for Termination.)
The undersigned says that he/she is hereby making application for the use of sick leave as provided in Revised Code 3319.141 (3319.14.1) and that the use of such sick leave is justified for appropriate reasons.
- _____ B. **PERSONAL BUSINESS LEAVE**
- _____ C. **JURY DUTY OR SUBPOENA** (must provide documentation)
- _____ D. **PROFESSIONAL ABSENCE** (approved for professional day)
- _____ E. **UNPAID LEAVE**
- _____ F. **VACATION LEAVE** (for 12 month employee only)

I am requesting _____ of leave on _____
Day(s) Hour(s) Date(s)

Signature of Employee _____

Signature of Superintendent,
Principal or Supervisor _____

Signature of Substitute _____

CENTRAL OFFICE USE ONLY

_____ Accepted _____ Rejected Date: _____ By: _____

If rejected, state reasons and return to employee PRIOR TO THE DAY OF REQUESTED LEAVE:

Signature of School Official