



**MATHEWS LOCAL SCHOOL DISTRICT
APPLICATION FOR USE OF LEAVE**

Name _____ **Date of Application** _____

Building _____ **Number of Days Requested** _____

I hereby request _____ **day(s) of leave for the following dates:**

STATEMENT

The undersigned says that he/she is hereby making a statement to justify the use of leave justified for the following reason:

- 1. _____ Sick Leave Check Reason Personal illness Family Member _____
(In accordance with Section 124.38 and 3319.14.1, Revised Code of Ohio)
- 2. _____ Personal Leave
- 3. _____ Vacation
- 4. _____ Jury Duty (attach a copy of Summons for Duty from Court, report to work required for partial days)
- 5. _____ Unpaid Leave

Leave Not Approved

Employee's Signature **Date**

Approval Signatures

Supervisor (All except sick) **Date**

Superintendent **Date**

COMPLETE IF MEDICAL ATTENTION WAS SOUGHT

During the illness above, the following named physician was consulted:

Date(s) Consulted

Name of Physician