

WESTLAKE CITY SCHOOLS

APPLICATION FOR SICK LEAVE

Employee's Name _____ Date _____

School Building Assigned _____

Sick leave will be used for one of the following:

- _____ 1. Personal illness
- _____ 2. Personal injury
- _____ 3. Illness or injury in immediate family: _____

Name

Relationship
- _____ 4. Death in the family: _____

Name

Relationship
- _____ 5. Other: _____

Dates Requested	Start Time	Stop Time	Total Days Used*

*WTA: Sick leave can be taken in half-day (1/2) increments (Article XVI, Section B-2)
 *OAPSE: Sick leave can be taken in quarter-day (1/4) increments for full time staff (Article IX, Section 9.2)

 Signature of Employee

Falsification of a statement is grounds for suspension or termination of employment under Section 3319.08 and 3319.081 of the Ohio Revised Code.