



EMPLOYEE SICK LEAVE REQUEST FORM

Employee Name

<u>First</u>	<u>Last</u>
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School

Position

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Contact Information

<u>Phone #</u>	<u>Email</u>
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Sick Leave Duration

<u>Start Date</u>	<u>End Date</u>
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Please provide a reason for the need for sick leave in the space provided below and attach a medical certification form that has been completed by your physician. (A medical certification form is provided on the district's website under the Human Resources tab.)

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Note: ALL leave requests must be Board approved. Please turn in your Sick Leave Request Form and the required documentation prior to when the monthly board meeting is held, which is generally on the fourth Thursday of each month. Please keep in mind that school holidays do effect when regular board meetings are held, and some dates are subject to change.

Employee Signature

Date of Request