



GIBSONBURG EXEMPTED VILLAGE SCHOOL DISTRICT REQUEST FOR SICK, PROFESSIONAL, VACATION, & OTHER LEAVE

*****Please complete the PERSONAL LEAVE FORM FOR ABSENCES*****

1. Social Security No _____ 2. NAME: _____

3. Date(s) of Absence _____ 4. Number of Day(s) _____ (1/4, 1/2, 3/4, 1, etc.)

Date(s) of Absence _____ Number of Day(s) _____ (1/4, 1/2, 3/4, 1, etc.)

5. Please mark the appropriate response. Professional Leave, Association Leave and Vacation Leave
Require prior approval to the absence. I certify that my absence was due (or will be due) to:

A **SI** - Personal illness, incapacitation due to pregnancy or injury

B **SI** - Illness or injury of employee's immediate family...

(NAME) _____ (RELATIONSHIP) _____

C **SI** - Exposure to contagious disease

D **SI** - Death in employee's immediate family...

(NAME) _____ (RELATIONSHIP) _____

Medical attention was required (ORC 3319.141) (Physicians Name) _____

(Address) _____ (Dates Consulted) _____

Medical attention was NOT required

E **PR** - Professional Leave: Event _____

Purpose _____

Location _____

Estimated expenses: _____

(If Applicable) **Fund to be charged:** _____

****Attach a requisition for registration fee, if registering through the school district.**

****Submit any other bills with a travel expense form for reimbursement following event.**

F **JU** - Jury Duty (Please turn in Jury Duty Pay to Treasurer)

I **MI** - Military Leave

G **OT** - Association Leave, OT - Assault Leave

J **OT** - Other _____

H **VA** - Vacation Leave _____ USED _____ REMAINING K **DO** - Unpaid Leave (*DOCK* pay) _____

6. **Employee Signature** _____ Date _____

7. Principal/ Supervisor Signature _____ Date _____

8. Superintendent Signature _____ Date _____
(If applicable)

Falsification of a statement is grounds for suspension or termination of employment under sections 3319.081 and 3319.16 of the Ohio Revised Code

____ Treasurer ____ Applicant
____ Princ/Supv ____ File