

Continental Local Schools

Leave Slip

Name: _____ Date: _____

I would like to request to use leave on the following day(s): _____

<p>Request for Leave as Follows (Please Mark Number of Days)</p> <p>Please Circle: AM PM All Day</p> <p>_____ Dock</p> <p>_____ *Personal</p> <p>_____ **Sick (Complete Additional Information)</p> <p>_____ Vacation (12 Month Employees Only)</p> <p>_____ Professional</p> <p>Purpose: _____</p>	<p>**Sick Leave Additional Information Per Provisions of Contract, Policy, or Agreement. (Please Check/Complete Item 1, 2 or 3):</p> <p>1 _____ Personal Illness/Injury Reason: _____</p> <hr/> <p>2 _____ Illness, Injury, or Death in Immediate Family Family Member Name: _____ Relationship: _____</p> <hr/> <p>3 _____ Medical Appt (Employee/Immediate Family Member) Physician Name: _____ Physician Location/City: _____ Appt Date: _____</p>
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***PERSONAL LEAVE**

I **understand** that I should submit this form at least 48 hours prior to the requested date to the Building Principal and Superintendent if I am requesting personal leave. Request will be approved on a first come, first serve basis.

*Personal leave **CANNOT** be granted to extend a vacation and/or holiday or other Board approved leaves, except in cases of emergency, graduation of an Association member's child and recognized religious observances.

*Personal leave **SHALL NOT** be taken: during a prescheduled in-service day or parent-teacher conference; if more than 4 teachers and 4 classified employees are granted a scheduled absence. This does not include long-term leaves.

****SICK LEAVE**

I **further understand** that falsification of a sick leave statement is grounds for suspension or termination of employment under Section 3319.16 of the Ohio Revised Code.

Employee Signature

<p>_____ Approved</p>	<p>_____ Denied</p>
<p>Building Principal/Supervisor: _____ Date: _____</p>	<p>Superintendent: _____ Date: _____</p>