

Lawrence County Educational Service Center

*Statement of  
Excused Absence From Duty*

Employee's Name \_\_\_\_\_

Inclusive Dates of Absence \_\_\_\_\_

Reason for Absence - (Check One)

Personal Illness

Illness in Family. Give Relationship \_\_\_\_\_

Nature of Illness: \_\_\_\_\_

Name of Attending Physician \_\_\_\_\_  
(If no Physician consulted, write NONE)

Name of Hospital \_\_\_\_\_

Dates or Dates Physician Consulted \_\_\_\_\_

*I hereby certify that I was physically incapable of performing my duties on the date or dates of absence*

Employee's Signature: \_\_\_\_\_

*I hereby certify that it was imperative for me to be with my ailing relative on the above date or dates of absence.*

Employee's Signature: \_\_\_\_\_

**FALSIFICATION OF A STATEMENT IS GROUNDS FOR SUSPENSION OR TERMINATION OF EMPLOYMENT UNDER SECTION 3319.081 AND 3319.06 OF THE OHIO REVISED CODE.**