

Lawrence County Educational Service Center
Sick Leave (Excused Absence from Duty)

Employee's Name _____

Dates of Absence(s) _____

Reason for Absence(s) Check One:

_____ Personal Illness

_____ Illness in Family (give relationship) _____

Nature of Illness _____

Name of Physician _____

Name of Hospital or Doctor Office _____

Dates Physician Consulted _____

I hereby certify that I was physically incapable of performing my duties on the date(s) of absence(s).

Employee's Signature _____

I hereby certify that it was imperative for me to be with my ailing relative on the above date(s) of their absence(s)

Employee's Signature _____

Administrator's Signature _____ Date _____

FALSIFICATION OF A STATEMENT IS GROUNDS FOR SUSPENSION OR TERMINATION OF EMPLOYEMENT

UNDER SECTION 3319.081 AND 3319.06 OF THE OHIO REVISED CODE

REV 1/2019