## APPLICATION AND AFFIDAVIT FOR USE OF SICK LEAVE

Name	Bui	lding	Date
	byee is hereby completing and signing an a 4.38 ORC, and that the use of such sick leav		
1.	Personal illness: Nature of Illness:		
2.	Personal injury: Nature of injury:	, , , , , ,	
3.	Illness or injury in immediate family:( Name and Relationship)		
4.	Death in immediate family:		e and Relationship)
5.	Exposure to contagious disease:	•	• •
6.	Were you hospitalized?Yes		
	If yes, name of hospital:		·
	Dates:to		<del></del>
7.	Were you attended by a physician? _	Yes	No
	If yes, name of physician:		Date(s)
caused by because of	rsigned, state that my absence from work the above checked reason and I (was) (wi same and that the above statements are words not applicable in oath)	Il be)* wholly una	able to perform my official duties
I hereby red	quest days of sick leave beginning		,M,
and ending	,M,		
Employee's	s Signature		· · · · · · · · · · · · · · · · · · ·
	PRINCIPAL;		
Total days	of absence this school year including this	absence:	days.
	on frequency of absence and any additiona		
	Principal's Initials		

HR-2 Rev. 6/08

Article VII D of the Rules and Regulations of the Lorain Board of Education provide:

## CUMULATIVE SICK LEAVE

- When Sick Leave Allowance of a Year Becomes Available

   All new full time employees of the Board of Education, except those on hourly rates, will be credited with five days leave at the beginning of the school year.
- 2. Accumulated Sick Leave -- Unused sick leave shall be accumulative to the maximum.
- 3. <u>Reemployment and Sick Leave</u> -- Previously accumulated sick leave may be used upon return to employment of the Lorain City Schools.
- 4. <u>Limitations and requirements for Sick Leave Allowance</u> No salary payment for days of absence under sick leave provisions shall be made to any employee except as provided by these rules and regulations:
  - a. **Personal illness or injury** For an absence resulting from personal illness or injury and not exceeding three weeks, the sick leave affidavit form will usually suffice.
  - b. **Physician's Statement** The administration may require a physician's statement of any employee whose absence suggest study. Employees who because of religious convictions object to using the services of a doctor may submit a certificate signed by a Christian Science practitioner, or a comparable official of their own sect.
  - c. **Exposure to Contagious Disease** In the case of exposure to contagious disease which could be communicated to other employees, the approval of the school doctor must be presented for the entire period of absence. In case the exposure involves quarantine resulting from the illness of another person, the certificate of the attending physician or a public health official shall be presented for the entire period of absence.
  - d. **Illness in Family** In case of critical illness of or accident to an employee's parent, child, spouse, or a member of the immediate household of the employee, the said employee may be absent from duty for one day and any additional days approved by the Superintendent for each such illness or accident without loss of pay, provided, however, that the employee shall be required to furnish a certificate from a recognized hospital or the attending doctor in support of his claim of exemption from salary loss.
  - e. **Death in the Immediate Family** "Immediate Family" shall be interpreted to include father, mother, brother, sister, spouse, child, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law, grandparents, and spouse's grandparents. Child includes stepchild and/or foster child.
- 5. <u>Examination Upon Return from Sick Leave</u> An employee who has been absent because of personal illness for more than three days may be required to have a doctor's examination.

## **General Guidelines**

The personal illness or injury must be of such severity as to incapacitate the employee from performing his or her job responsibility.

Contagious diseases are limited to those which involve quarantine.

For cases involving injury, workman's compensation forms are available at the Clerk-Treasurer's office, most doctors, and emergency rooms or hospitals. Action must be initiated by the employee.