

BLOOMFIELD-MESPO LOCAL SCHOOL DISTRICT
STATEMENT OF ABSENCE

Employee Name _____ Date _____

Please check and fill out the appropriate information where required and sign below the appropriate portion.

SICK LEAVE

DATE (S) OF LEAVE: _____

1) Personal Illness/Injury _____

2) Illness/Injury in immediate family _____
Name of family member _____

3) Death in immediate family _____
Name and relationship _____

4) Communicable Disease _____
(ORC 3313.711 Physician's statement of recovery)

5) Medical attention required _____
(ORC 3313141)

Name and address of Physician: _____

The undersigned says that in making application for the use of sick leave as provided in ORC 3319.141 that the use of such sick leave is justified for the above reason(s).

SIGNATURE OF EMPLOYEE



PERSONAL LEAVE

DATE(S) OF LEAVE _____

All employees have four (4) personal leave days available for use each year. These days are unrestricted, however, employees using these days are obligated to use them only for emergency business or personal matters that cannot be taken care of during non-working hours. Personal leave cannot be taken in place of sick leave and are subject to any other restrictions contained in current agreement between your Association and the Board of Education.

SIGNATURE OF EMPLOYEE