

ATHENS-MEIGS EDUCATIONAL SERVICE CENTER

REPORT OF ABSENCE

This report is to be completed by each certified or classified employee who is absent from work. This form is to be submitted the first day that an employee returns to work after an absence or prior to a scheduled absence.

Employee Name:	Position:	Substitute:
Social Security Number:		
Sick Leave		
Total Days Absent:	Date(s):	Reason:
Date of Medical Attention:	Attending Physician:	Address:
If the reason for your sick leave absence is illness, injury, or death in your immediate family, indicate the name and relationship of the immediate family member:		
O.R.C. Section 3319.141 states: A Board of Education shall require a teacher or nonteaching school employee to furnish a written, signed statement of forms prescribed by such board to justify use of sick leave. If medical attention is required, the employee=s statement shall list the name and address of the attending physician and the dates when he was consulted.@		
Falsification of this statement is grounds for suspension or termination of employment under O.R.C. Sections 3319.081 or 3319.16.		
Other		
Total Days Absent:	Date(s):	Reason:
Type of Leave Requested: <input type="checkbox"/> Personal Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Professional Leave <input type="checkbox"/> Jury Duty <input type="checkbox"/> Other - <u>Flex</u>		

Requested by: _____

Date _____

Supervisor: _____

Approved _____ Disapproved _____

Superintendent _____

Approved _____ Disapproved _____

Recorded _____