

NORTH CENTRAL OHIO EDUCATIONAL SERVICE CENTER

LEAVE REQUEST FORM

Date Submitted: _____

Building of Service: _____

Employee Name: _____
(please print)

Employee Signature: _____

- Sick Leave
 Personal Leave
 Vacation Leave
 Jury Duty
 Assault Leave

| SICK LEAVE | PERSONAL LEAVE | VACATION LEAVE | | | | | | | | | | | | | | | | |
|---|------------------------|------------------------|---------------------|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|--|
| <p>The undersigned says that he/she is hereby making application for the use of sick leave as provided in Revised Code 3319.141 (3319.14.1) and the use of such sick leave is justified for the following reasons:</p> <p>A. ___ Personal Illness B. ___ Personal Injury C. ___ Medical Checkup D. ___ Dental Checkup E. ___ Illness, Injury or Death in Immediate Family F. ___ Exposure to Contagious Disease</p> <p>If A, B, C, or F is checked above and medical attention was required, please state the name and address of the physician and date(s) consulted.</p> <p>Name: _____ Address: _____ Date(s) consulted: _____</p> <p>If "E" is checked above, please give the name, address and relationship of such members of your immediate family: Name: _____ Address: _____ _____ Relationship: _____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Date(s) of Absence:</th> <th style="text-align: left;">Beginning a.m./p.m.</th> <th style="text-align: left;">Ending a.m./p.m.</th> <th style="text-align: left;">Total Day(s)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Date(s) of Absence: | Beginning a.m./p.m. | Ending a.m./p.m. | Total Day(s) | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | <p>Date of leave day(s) requested: _____ _____</p> <p>Beginning: _____ a.m./p.m. Ending: _____ a.m./p.m.</p> <p>Please circle: 1/4 1/2 3/4 ____ Day(s)</p> <p>General nature of business to be conducted: _____ _____</p> <div style="background-color: black; color: white; text-align: center; padding: 5px; font-weight: bold;">JURY DUTY</div> <p>Date(s) of jury duty _____ _____</p> <p>Beginning: _____ a.m./p.m. Ending: _____ a.m./p.m.</p> <p>Please circle: 1/4 1/2 3/4 ____ Days</p> | <p>Date of vacation day(s) requested: _____ _____ _____</p> <p>Beginning: _____ a.m./p.m. Ending: _____ a.m./p.m.</p> <p>Please circle: 1/4 1/2 3/4 ____ Day(s)</p> <div style="background-color: black; color: white; text-align: center; padding: 5px; font-weight: bold;">ASSAULT LEAVE</div> <p>If you have been assaulted on the job, please contact your Supervisor. Ask for and complete the ASSAULT REPORT FORM, give a copy to your Supervisor, and email the Report as an attachment to the Director of Human Resources. You will be contacted promptly to discuss the details of an Assault Leave, should that be necessary.</p> <p><i>The dates on this form may be modified by submitting a revised leave request form.</i></p> |
| Date(s) of Absence: | Beginning a.m./p.m. | Ending a.m./p.m. | Total Day(s) | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | |

- Approved
 Disapproved
 If disapproved, state reasons: _____

Supervisor/Director Approval: _____ Date: _____ Signature of NCOESC Superintendent: _____ Date: _____