

St. Marys City Schools
St. Marys, Ohio

APPLICATION FOR USE OF LEAVE

I am hereby making application for the use of leave and that the use of such leave is justified for the following reasons:

_____ 1. Personal Leave:
_____ day(s) of Personal Leave
Note: Personal Leave may not be taken immediately before or after a holiday unless it is approved by the superintendent.

*Superintendent's Signature _____

_____ 2. Sick Leave for the following:
_____ Personal illness or injury:
_____ Illness/injury in immediate family: Name _ _____
Relationship _____
_____ Death in immediate family: Name _____
Relationship _____

_____ 3. Other:
_____ Loss of Pay
_____ Jury Duty
_____ other _____

I request _____ days of leave beginning:

Day and Date: _____, _____ a.m. _____ p.m.

and ending:

Day and Date: _____, _____ a.m. _____ p.m.



Date of Application: _____

Employee's Signature: _____

(Employee's Printed Name)

Supervisor's Signature: _____

_____ Approved

_____ Denied

Falsification of a statement is grounds for suspension or termination of employment under sections 3319.081 and 3319.16 of the Revised Code.