Ridgway Area School District

Service Personnel

FAMILY SICK DAY NOTIFICATION

I hereby notify the Superintendent and Authorized Supervisor of my intention to use a **Sick Day** on _____for the purpose of escorting a family member to receive medical attention at a doctor's office or hospital.

(mark one):

☐ **Parent** ☐ **Child** ☐ **Spouse** ☐ **Person Residing In The Same Household**

NOTES:

1. A signed physician's statement will be required by the district as proof of such a visit. Article XI, Section 11-1

2. A total of four (4) sick leave days per school year shall be granted to the employee for the purpose of escorting a family member to receive medical attention. Article XI, Section 11-1

_____ _____

Print Employee Name Employee Signature Date

_____ _____

Supervisor Signature Date Superintendent Signature Date

Copies: One copy remains at the Superintendent's Office, one copy is returned to the employee and one copy to Building Principal or Head of Department

April 2011