

DELANO PUBLIC SCHOOLS #879
REQUEST FOR SICK LEAVE PAY

Name: _____ Today's Date: _____

This leave is requested for: Myself My Dependent Other for the following Date(s):

Date: _____ # of Hours Used: _____ *(Blocks apply to 7-12 Staff Only)*

Time Absent: from _____ to _____ Sub Needed: I ____ II ____ III ____ IV ____

Comments: _____

Date: _____ # of Hours Used: _____ *(Blocks apply to 7-12 Staff Only)*

Time Absent: from _____ to _____ Sub Needed: I ____ II ____ III ____ IV ____

Comments: _____

Date: _____ # of Hours Used: _____ *(Blocks apply to 7-12 Staff Only)*

Time Absent: from _____ to _____ Sub Needed: I ____ II ____ III ____ IV ____

Comments: _____

Date: _____ # of Hours Used: _____ *(Blocks apply to 7-12 Staff Only)*

Time Absent: from _____ to _____ Sub Needed: I ____ II ____ III ____ IV ____

Comments: _____

Date: _____ # of Hours Used: _____ *(Blocks apply to 7-12 Staff Only)*

Time Absent: from _____ to _____ Sub Needed: I ____ II ____ III ____ IV ____

Comments: _____

Based on the above statements, I hereby claim sick leave pay and I fully understand and acknowledge that misuse of the school district's sick leave policy or falsification of claim for sick leave is sufficient cause for discharge.

Signature of Employee

Date

NOTE: If you have been instructed that a doctor's certificate is required substantiating necessity for absence, such statement must be presented to the supervisor with this request.

Payment Approved _____

Payment NOT Approved _____

Supervisor's Signature

Date