

**BROOKFIELD LOCAL SCHOOL DISTRICT
FACULTY/STAFF MEMBER LEAVE REQUEST FORM**

NAME: _____ Today's Date: _____

BUILDING: _____ POSITION: _____

DATE(S) REQUESTED: _____

_____ TOTAL DAYS OFF _____ ALL DAY _____ A.M. _____ P.M.

CHECK ONE OF THE FOLLOWING TYPES OF LEAVE:

_____ **1. PERSONAL LEAVE**

Substitute needed? Circle: YES or NO

_____ **2. SICK LEAVE**

Substitute needed? Circle: YES or NO

(The undersigned is making application for the use of sick leave as provided in §ORC 3319.41 and claims that the use of such leave is justified for the reason(s) checked below:

- _____ a. Personal Illness
- _____ b. Illness in Immediate Family
- _____ c. Personal Injury/Exposure to Contagious Disease
- _____ d. Bereavement Leave (Death in immediate family)

_____ **3. PROFESSIONAL LEAVE (*Please complete back side of this form *.)**

_____ **4. UNPAID LEAVE REASON: _____**

_____ **5. MILITARY LEAVE**

_____ **6. VACATION (12 MONTH EMPLOYEES ONLY)**

_____ **7. ASSAULT LEAVE (PLEASE ATTACH DESCRIPTION.)**

_____ **8. JURY DUTY**

I hereby certify that the information above related to my leave request is true and accurate. It is clearly understood that falsification of this leave request is grounds for termination of my employment or other action, pursuant to ORC §2921.13, §3319.081, §3319.141 and §3319.142:

Employee's Signature & Date

Administrator/Supervisor's Signature & Date

Superintendent's Signature & Date

Approved: _____

Not Approved: _____

Treasurer's Initials: _____

st/excel/forms/updated leave form updated 8-17-18

Upon final Board office approval of your requested day(s), **the payroll department will notify you via email.** It is the employee's responsibility to make sure **Jennifer Schultz** is notified of any substitutes needed. Her cell is: 330-314-2876.