



CITY SCHOOL DISTRICT
425 Yoctangee Pkwy. Chillicothe, OH 45601
Phone: 740-775-4250

SICK LEAVE APPLICATION TO BORROW

I am a classified staff member submitting my official request to borrow sick leave days from fellow classified employees:

Employee Name (Print)

Employee ID #

I am applying to borrow _____ day(s) from fellow classified employees to be used for my own Personal Illness *or* that of my immediate family member as defined in Article 16 of the Oapse contract.

Estimated duration of illness: _____

Explanation of illness: _____

ATTACHED IS MY PHYSICIAN'S STATEMENT REGARDING ABOVE SAID ILLNESS.
Donation requests shall be considered only after all sick, personal, vacation and compensatory leave has been exhausted. The maximum days allowed to borrow are thirty (30) days *per fiscal year* (7/1 – 6/30). The maximum days allowed to borrow during employment are one hundred twenty (120).

Employee Signature

Date

The above named Classified staff member has been approved by the Classified Sick Leave Committee to borrow _____ day(s).

Superintendent or Treasurer

Date

Committee Chairman

Date

___ Denied: _____
___ Application form to Payroll Department
___ Application form to Sick Leave Committee
___ Application form to Borrower