

DISTRICT SCHOOL BOARD OF MONROE COUNTY

REQUEST FOR INJURY/ILLNESS-IN-THE-LINE-OF-DUTY LEAVE

TO: _____ PRINCIPAL/DIRECTOR: _____

FROM: _____ EMPLOYEE

*The Principal or Supervisor must be notified as promptly as possible when a claim is to be made for sick leave. The application must be filed with the Superintendent within five (5) working days following return to work.

I request that I be granted illness _____ injury _____-in-the-line-of-duty leave to cover the following reasons: _____

Nature of illness/injury: _____ Date illness/injury occurred _____
_____. Location of accident or illness contacted: _____

Give date accident/illness was reported: _____ to whom reported: _____

First date of treatment by physician: _____ other dates: _____

Exact calendar working date(s) I was absent due to illness/injury (month, day, year for each date): _____

Number of day(s) I am requesting: _____ I am _____ am not _____ still under the Physician's care.

This leave, if granted, will be credited to my total earned sick leave. Physician's statement verifying date of injury/illness and treatment is attached.

Employee Signature Title or Position Date

APPROVAL OF REQUEST

TO: Mr. Mark T Porter, SUPERINTENDENT

FROM: _____ Principal / Director

I approve request for leave for _____ days. This employee returned to work on _____

Signature of Principal/Director Center/School Date

Approved: _____
Superintendent Date