GLASCOCK COUNTY SCHOOL

SICK LEAVE FORM

**Name of employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Absence from duty (all day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Day Date**

**Absence from duty (half day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **AM OR PM Day Date**

**Will a sub be needed: Yes or No**

**If not, explain how class will be covered:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for absence: CIRCLE ONE**

**Personal illness Illness in family Death in family**

**Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Principal’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Sick leave may be used upon the approval of the Superintendent or designee for absence due to personal illness, injury, exposure to contagious disease, or for absences necessitated by illness or death in the employee’s immediate family.**

**For the purpose of absences for medical and related reasons, members of the immediate family are defined as spouse, children, parents, siblings, in-laws equivalent of the same, grandparents, grandchildren or relatives live in the employee’s household.**