FILE: 5.10.3

SYLACAUGA CITY BOARD OF EDUCATION

SICK LEAVE FORM

NAME: _____

SCHOOL: _____

LIST DATES TAKEN: _____

Certification – Employees must certify that sick leave was used for one of the reasons provided in state law. Specify the reason for requesting sick leave:

☐ Personal illness;

☐ Incapacitating personal injury;

☐ Attendance upon an ill member of the employee's immediate family, defined as a spouse, parent, child, sibling or any person with a close personal tie;

☐ Death of a family member, including a spouse, parent, child, sibling, mother or father-in-law, son or daughter-in-law, brother or sister-in-law, nephew or niece, grandparent, grandchild, aunt or uncle;

☐ Death or care of an individual with whom unusually strong personal ties exist because of a relationship other than those listed above.

[Reference: ALA. CODE §16-1-18.1 (1975)]

_____ _____

Printed Name Signature of Employee Date

_____

Signature of Supervisor Date