

Wayne County Board of Education

Employee Request For Sick Or Personal Leave

Name _____ Date of Request _____

Employee ID Number _____ Job Number _____

Check applicable answers and provide additional narrative information as needed to permit an administrative judgment to this request.

____ I. **Sick Leave Request:** Date(s): _____
Personal illness or personal accident

____ II. **Death in immediate family:** Date(s): _____
Relationship: _____

____ III. **Other causes:** Date(s): _____

Maternity leave – Giving birth and recovery therefrom is not a sickness-Ref 18A-410, School Laws of WV 1980

I HEREBY CERTIFY I WAS ABSENT ON DATE(S) INDICATED FOR THE REASONS STATED AND AM ENTITLED UNDER BOARD OF EDUCATION REGULATIONS TO BE PAID FOR SUCH LEAVE. I FURTHER UNDERSTAND THAT IF A FALSE CLAIM IS MADE THIS MAY LEAD TO CHARGES FOR DISMISSAL.

Employee Signature

Payment Recommended
Principal/Supervisor Signature

____ IV. **Personal Leave Request**

I, _____, request that I be granted _____ day(s)
Personal Leave on the following day(s) _____

Employee Signature

Payment Recommended
Principal/Supervisor Signature