

SICK LEAVE FORM

JEFFERSON COUNTY BOARD OF EDUCATION

EMPLOYEE NAME _____

DEPARTMENT/COST CENTER _____

DATE(S) OF ABSENCE(S) _____

NUMBER OF DAYS ABSENT BY CAUSE:

A. Personal illness or doctor's quarantine _____ Day(s)

B. Incapacitating personal injury _____ Day(s)

C. Attendance upon a member of the employee's immediate family (husband, wife, father, mother, son, daughter, brother, sister or a person standing in loco parentis): _____ Day(s)

D. Death in the immediate family of the employee: _____ Day(s)

Husband	Brother	Father-in-law	Grandfather
Wife	Sister	Mother-in-law	Grandmother
Father	Uncle	Brother-in-law	Grandson
Mother	Aunt	Sister-in-law	Granddaughter
Son	Nephew	Son-in-law	
Daughter	Niece	Daughter-in-law	

E. Death, injury or sickness of another person who _____ Day(s)
has unusually strong personal ties to the employee
such as a person who stood in loco parentis. Please
describe the nature of said relationship: _____

I hereby certify that I was absent from work because of the above reason(s) for the number of day(s) indicated.

Signature

Date