

420 Washington Ave.
Cuyahoga Falls, OH 44221
330.945.5600
SummitESC.org



NOTIFICATION OF EMPLOYEE ABSENCE

This form must be turned in at the end of each pay period

_____ Name of Employee	_____ Social Security Number	_____ Date of Application
_____ Date(s) of Absence	_____ Total Days Absent	

REASON FOR ABSENCE:

- SICK LEAVE AS FOLLOWS:
 - Personal Illness
 - Personal Injury
 - Pregnancy
 - Exposure to Contagious Disease
 - Family Illness
 - Family Injury
 - Family Death

- VACATION

- EMERGENCY (Policy #3436 - Certified / Policy #4436 - Classified)
("Emergency Leave Request Form" must be approved by the superintendent and attached)

- JURY DUTY

- MILITARY

I understand that the filing and signing of this record shall be a certification by me that the facts and statements contained herein are true and correct.

Employee's Signature

Director's Signature

Treasurer's Signature

Superintendent's Signature