



1111 Superior Avenue E, Suite 1800, Cleveland, OH 44114

## EMPLOYEE STATEMENT TO JUSTIFY THE USE OF SICK LEAVE

(Required under Ohio Revised Code Sec. 3319.141)

**Employee's Name**

**Employee ID#**

**Title/Classification**

**Building**

**Total Days/Hours of Absence**

**First Day**

**Last Day**

The undersigned hereby submits the following statement to justify the use of sick leave for the above indicated absence. (Reason for absence to be filled in):

If medical attention was required, list the name and address of the attending Physician and the dates when he/she was consulted:

**Name of Physician**

**Dates Physician Consulted**

**Address**

**Signature of Employee**

**Date**