



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

Title/Classification

Employee ID#

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