

LIMESTONE

COUNTY  SCHOOLS

APPLICATION FOR LEAVE IN LIEU OF SICK LEAVE
(This form must be submitted together with forms HR 0002BA and HR 0002B).

NAME: _____

ADDRESS: _____

PHONE: _____

DATE INJURY OCCURRED: _____ **TIME OF INJURY:** _____

WITNESS: _____

Leave in Lieu of Sick Leave Days Requested _____ **Dates** _____

REPORTED TO PRINCIPAL/SUPERVISOR: _____ **Date** _____ **Time** _____

HOSPITALIZED: YES NO **IF YES, NUMBER OF DAYS:** _____

ATTENDING PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

NOTE: (THE BOARD MAY REQUIRE A WRITTEN STATEMENT FROM THE DOCTOR.)

I AFFIRM THAT THE ABOVE STATEMENT IS TRUE.

EMPLOYEE SIGNATURE _____ **DATE** _____

EVIDENCE MUST BE SUBMITTED TO DEMONSTRATE THAT THE INJURY IS JOB RELATED.

APPROVED _____ **DAY(S)**

BY: _____

SUPERINTENDENT

DATE

