BERKSHIRE BOARD OF EDUCATION

SICK LEAVE APPLICATION

(GREEN PAPER)

This signed certificate is required by State Law HB-1008-1970 and these certificates will become part of our audit by the State Auditor. Therefore, if the employee is to receive pay for days absent covered by sick leave, this form is to be completed and submitted to the Building Administrator on the first day of work following the absence.

NAME: _____ DATE: _____

POSITION: _____ BUILDING: _____

DATE:	TIME:	TIME:	TIME USED:
		TOTAL TIME USED:	
		TOTAL DAYS USED:	

REASON FOR ABSENCE:

- ☐ Personal Illness
- ☐ Personal Injury
- ☐ Illness in immediate family. Relationship _____
- ☐ Death of _____ on _____
  (relationship) (date)

I affirm that the above statements are true. _____
(Signature of Employee)

Approved by Building Administrator: _____
(Signature of Building Administrator)

jmb
revised 2013