

Ridgway Area School District

Service Personnel

FAMILY SICK DAY NOTIFICATION

I hereby notify the Superintendent and Authorized Supervisor of my intention to use a **Sick Day** on _____ for the purpose of escorting a family member to receive medical attention at a doctor's office or hospital.

(mark one):

Parent Child Spouse Person Residing In The Same Household

NOTES:

1. A signed physician's statement will be required by the district as proof of such a visit.
Article XI, Section 11-1
2. A total of four (4) sick leave days per school year shall be granted to the employee for the purpose of escorting a family member to receive medical attention.
Article XI, Section 11-1

Print Employee Name

Employee Signature

Date

Supervisor Signature

Date

Superintendent Signature

Date

Copies: One copy remains at the Superintendent's Office, one copy is returned to the employee and one copy to Building Principal or Head of Department

April 2011