

**MINGO COUNTY SCHOOLS
Claim for Sick Leave Benefits**

Name of Employee _____ Position _____

School/Location _____ Employee ID# _____

- Instructions:
1. Check Appropriate Reason(s)
 2. List date(s) of absence.

REASON FOR ABSENCE	LIST EACH DATE ON CORRECT LINE
_____ Personal Illness	_____
_____ Death of Immediate Family Member (3 day limit)	_____
_____ Death of In-Law (3 day limit)	_____
_____ Funeral of Close Relative (1 day limit)	_____
_____ Funeral of Fellow Employee (1/2 day limit)	_____
_____ Illness of Immediate Family Member* (10 days per year limit)	_____
_____ Serious Health Condition/Life Threatening (Illness of spouse, parent, dependent child)	_____
_____ Birth, Adoption, Infant Bonding	_____
_____ Seminar or Conference (1 day limit per year) (Written Summary Required)	_____

*More than three consecutive days requires written certification from health care provider.

I, the undersigned, do solemnly swear or affirm under penalty of law, that the information on this form is accurate, truthful and complete to the best of my knowledge, and I am entitled under the laws of the State of West Virginia and the regulations of the Board of Education of the county of Mingo to leave payment claimed herein.

Date _____ Signed _____

SUBMIT TO PRINCIPAL/SUPERVISOR WITHIN THREE (3) DAYS AFTER RETURNING TO WORK OR IN CASE OF EXTENDED ABSENCE, AT THE END OF EACH PAY PERIOD.

_____ Approved

_____ Not Approved

Principal/Supervisor