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

_______ 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)

LIST EACH DATE ON CORRECT LINE

*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