

**J.F. INGRAM STATE TECHNICAL COLLEGE**

**SICK LEAVE REQUEST FORM**

*(After five days of absence due to illness, within a thirty calenday day period, the president or designee may require that an employee furnish a medical certificate by a qualified physician acceptable to the institution. This is to be done at the expense of the employee.)*

Employee's Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date(s) leave is to be used: \_\_\_\_\_

(For portions of a day, please specify time. Ex. 7:00-7:45)

I am requesting use of earned sick leave on the date(s) specified above. My request is based upon one or more of the following reasons approved by the Alabama State Board of Education. I have indicated those which apply.

- Personal illness;
- Routine physical examinations, dental appointments, eye examinations, etc.
- Bodily injury which incapacitates the employee;
- Attendance on an ill member of the family of the employee (husband, wife, father, mother, son, daughter, brother, sister) of the employee or on a person standing *in loco parentis* ;
- Death of a member of the family of the employee (husband, wife, father, mother, son, daughter, brother, sister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, nephew, niece, granddaughter, grandson, grandfather, grandmother, aunt, uncle);
- Illness or death of an individual not legally related to, but having a unique relationship with the employee. (Where unusually strong personal ties exist due to an employee having been supported or educated by a person, or some relationship other than those listed, this relationship may be recognized for leave purposes.)
- Persons on maternity leave will be paid for earned sick leave on request.

Employee's signature: \_\_\_\_\_

**Approved ( )**  
**Disapproved ( )**

\_\_\_\_\_  
Signature of Dean or designee