



TWINSBURG CITY SCHOOL DISTRICT

11136 Ravenna Road • Twinsburg, Ohio 44087-1022

Phone 330.486.2000 • Fax 330.425.7216

Kathryn M. Powers
Superintendent

Julia Rozsnyai
Treasurer

Matthew Strickland
Business Manager

Ryan Bandiera
Director of Pupil Services

Jennifer C. Farthing
Director of Curriculum

Michael Sedlak
Director of Human Resources

REQUEST FOR ADVANCE OF SICK LEAVE

I, _____, hereby request an advance of _____ sick days from my expected sick leave accrual balance for the _____ school year.

Board should use discretion in advancing sick leave credit. Should a person granted sick leave die, retire, or resign, the used but unearned amount would be subject to recovery.

By affixing my signature below, I hereby acknowledge that I have read the information within this document in its entirety and understand its content. Further, I hereby affirm that 1) it is not my intent to retire or resign prior to having earned the amount of sick leave I have been advanced as a result of this request; and 2) I am able to earn any advanced sick leave granted pursuant to this request prior to the end of the current school year.

Employee Signature

Superintendent Signature

Date

Date

As per Twinsburg City School District Board of Education Policy No. 4432.

