



TWINSBURG CITY SCHOOL DISTRICT

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Kathryn M. Powers
Superintendent

Julia Rozsnyai
Treasurer

Matthew Strickland
Business Manager

Ryan Bandiera
Director of Pupil Services

Jennifer C. Farthing
Director of Curriculum & Technology

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.

1972 Syllabi 15. 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.

**Pursuant to Twinsburg Board of Education Policy No. 4432 – SICK LEAVE (March 7, 2012), 1) requests for an advance of sick days should not exceed a total of five (5) days; and 2) advanced sick leave must be able to be earned prior to the end of the current school year.*

Employee Signature

Superintendent Signature

Date

Date

