



# Application for Sick Leave Statement

## All Personnel

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Absence: \_\_\_\_\_

On the above-mentioned date(s), I was unable to perform my duties, and I am applying for **excused sick leave** in compliance with the provisions of KRS 161.155.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Equal Opportunity/Affirmative Action Employer Offering Equal Educational Opportunities