

**City of Maumee  
Employee Sick Leave Request**

Employee Name: D. GABER

Date: 2-16-12

Period of employee's inability to work: [indicate date(s) and time(s)]

From: 2-15-12 @ 2300

To: 2-17-12 @ 0700

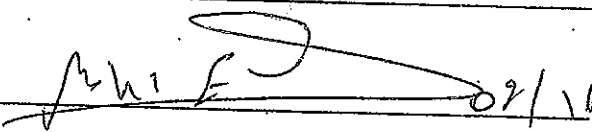
Date of return to duty: 2-17-12

Total hours requested: 16.0

Nature of illness/Reason for leave: SICK

Dr. Mohammad El Sayyad  
5705 Monclova Rd.  
Maumee, OH 43537  
419-893-3321

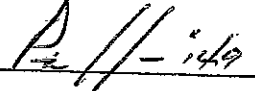
Physician's Name (printed): \_\_\_\_\_

Physician's Signature/Date:  02/16/12 OR

Medical Certification Attached

I verify that:

- I am not disabled from the performance of my duties and am able to perform the material and substantial duties of my position, and
- my return to duty will not jeopardize the health and safety of other employees and
- the above information is true and accurate.

Employee's Signature:  2-16-12

Approvals:

Supervisor/Date: \_\_\_\_\_

Division Head/Date: \_\_\_\_\_

Department Head/Date: \_\_\_\_\_

Mayor/Date: \_\_\_\_\_