



CLEVELAND DIVISION OF POLICE

SICK TIME REVIEW YEAR: _____ STARTING: _____ ENDING: _____

NAME: _____ BADGE: _____ ASSIGNMENT: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	v	-hrs	Sick	Furl		
PY Nov																																					
PY Dec																																					
Jan																																					
Feb																																					
Mar																																					
Apr																																					
May																																					
Jun																																					
Jul																																					
Aug																																					
Sep																																					
Oct																																					
Nov																																					
Dec																																					

Suspension Days:	0	Funeral Leave Taken:	0	PH Days Taken:	0	TOTALS:	0	0.00	0.00	0
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Regular Work Day	Weekend	10	Holiday Off	S	Sick Day	F	Furlough Day	13	Suspended	24	WDO		
28	Furlough Day Worked	V	Vacation Day	PH	Personal Holiday	.8	Overtime Taken Off	09	Funeral Leave	07	Jury Duty	0	Holiday

Total sick hours used during current evaluation period:	0.00	Total sick hours used on weekends:	
Total sick hours used preceeding or following a holiday:		Total sick hours used preceeding or following a vacation day:	
Total sick hours used after denial of time off:		Total sick hours used after off-days being cancelled or undesirable duties assigned:	

A consultation with this officer was held on: _____	A Form-1 report submitted by the officer being reviewed is attached:	Yes:		No:	
This officer's sick time usage shows a pattern of sick time abuse as defined in the Divisional Sick Leave Abuse Control Procedures(GPO 1.3.06)	Yes:		No:		

Detail Supervisor Recommendation In The Space Below(include an explanation why the officer either complies with or violates the guidelines)

Attachments: Medical Unit Documents Member's Form-1 Doctor Co-Payment Forms: 1030 Timesheets: Other(List in Recommendation):

Preparing Supervisor Signature: _____

Commanding Officer Recommendation: _____

Respectfully: _____

Deputy Chief Recommendation: _____

Respectfully: _____