

RICHMONT COUNTY BOARD OF EDUCATION

CERTIFICATE OF ABSENCE

EMPLOYEE _____ ID# _____ DATE _____

SCHOOL/DEPARTMENT _____ POSITION _____

I hereby request/certify that I will be/was absent from the above school/department on the day(s) indicated below for the following reasons:

NOTE: An illness in excess of three (3) days requires a doctor's note.

ABSENCE	NUMBER		DATE(S) OF ABSENCE/LEAVE/REASON
	DAYS	HOURS	
Personal Illness			
Family Illness			
Death in Family			
Personal Leave			
*Personal Leave (Before/After Holiday)			
Vacation			
Staff Development			
Jury Duty			
Professional Leave			
Extended Leave			
Accumulated Leave/Comp. Time			
Total Number of Days/Hours absent			Cutoff Date:
			Period Ending:

EMPLOYEE'S SIGNATURE _____

SUPERVISOR'S SIGNATURE _____

Substitute Used Yes _____ No _____ Extended Day(s) Yes _____ No _____

TOTAL NUMBER OF DAYS FOR SUB _____

If yes, complete below:

Substitute's Name _____ s I