

COUNTY OFFICE OF EDUCATION

ABSENCE VERIFICATION FORM

CERTIFICATED

Employee Name: _____ # of Days Absent: _____

Dates of Absence: _____

Absence was due to: (Check appropriate box)

- SICK LEAVE (illness): Verification may be required
- PERSONAL NECESSITY LEAVE: (Deduct from sick leave-Not to exceed 6 days in work year)
 - (a) Bereavement
 - (b) Accident
 - (c) Appearance in Court (Explain)
 - (d) Family Illness
 - (e) Other _____
- MATERNITY LEAVE: Doctor's statement required.
- MILITARY LEAVE: Attach a copy of your orders or other suitable verification.
- BEREAVEMENT LEAVE: Please indicate below relationship to you. (3 days in state; 5 days out-of-state) - Not charged to sick leave.
- INDUSTRIAL ACCIDENT/ILLNESS LEAVE: Attach a note from your doctor verifying the length of this requested leave.
- JURY DUTY: Juror's fees exclusive of mileage shall be submitted to County Office.
- AUTHORIZED SCHOOL BUSINESS: Must be approved by immediate supervisor.
- ABSENCE WITHOUT LEAVE: Full pay deducted (Explain)

Please use the space below to complete any information required above:

Absentee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

SUBSTITUTE NAMES: _____
