

EMPLOYEE VERIFICATION FOR TIME OFF

Sick	<u>S</u>
Personal	<u>P</u>
Other	<u>* O</u>
LWOP	<u>LWOP</u>
Vacation	<u>VAC</u>
Bereavement	<u>**B</u>
Half Day	.5
Whole Day	1

Employee: _____ Week of: _____

	<u>Time Off</u>	<u>Leave Type</u>	<u>Substitute</u>	<u>* Reason/** Relationship</u>
Monday:	_____	_____	_____	_____
Tuesday:	_____	_____	_____	_____
Wednesday:	_____	_____	_____	_____
Thursday:	_____	_____	_____	_____
Friday:	_____	_____	_____	_____

I verify that I was absent on the above date(s) because of:

- _____ Sick Leave (illness or illness of a member of my immediate family)
- _____ Personal
- _____ Other*
- _____ Leave Without Pay _____ (total # of LWOP days)
- _____ Vacation Days
- _____ Bereavement**

Comments: _____

Employee's Signature: _____ Principal's Signature: _____

Board Policy B4, Sick Leave, states that, "a signed statement listing the cause of the absence shall be provided by the employee on forms furnished by the director of schools and shall promptly be given to the immediate supervisor in support of all claims for sick leave pay. A falsified statement shall be grounds for dismissal."