

SICK LEAVE CERTIFICATE

COST CENTER: _____

DATE: _____

Check One: Instructional _____

Non-Instructional _____

I hereby certify that I have been absent from my duties during the following dates and am entitled to pay under School Board Regulations for the following:

DATE	DUE TO THE ILLNESS OF	HOURS	SUBSTITUTE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNED: _____

PRINTED NAME: _____

Policy # 7.23

SICK LEAVE: ANY MEMBER OF THE INSTRUCTIONAL AND NON-INSTRUCTIONAL STAFF EMPLOYED IN THE PUBLIC SCHOOLS OF THE COUNTY WHO IS UNABLE TO PERFORM HIS DUTY IN THE SCHOOL BECAUSE OF ILLNESS OR BECAUSE OF ILLNESS OF FATHER, MOTHER, BROTHER, SISTER, HUSBAND, WIFE, CHILD, CLOSE RELATIVE, OR MEMBER OF HIS OWN HOUSEHOLD, AND CONSEQUENTLY HAS TO BE ABSENT FROM HIS WORK SHALL BE GRANTED LEAVE OF ABSENCE FOR SICKNESS BY THE COUNTY SUPERINTENDENT, OR BY SOMEONE DESIGNATED IN WRITING BY HIM TO DO SO.

TCSB#: 0809-3