BRIGHT LOCAL SCHOOL

EMPLOYEE CERTIFICATE OF ABSENCE

I, _____, hereby certify the _____ day(s) of absence from work on the following date(s) for the reason checked:

CHECK REASON FOR ABSENCE	**DATE (MONTH/DAY/YEAR)**
_____ Sick Day	_____
_____ Family Illness	_____
_____ Death of a Family Member Relation to Employee _____	_____
_____ Jury Duty	_____
_____ Personal Day	_____
_____ Professional Day Desc._____	_____
_____ Vacation	_____
_____ Other (Explain)	_____

_____

Employee's Signature Date

_____

Approved by (Administrator) Date

SUBSTITUTE(S):

NOTE: ALL EMPLOYEES ARE RESPONSIBLE FOR COMPLETING THIS FORM IMMEDIATELY UPON RETURN TO WORK.