

TO BE COMPLETED BY THE PERSON UPON RETURN FROM ABSENCE

NAME: _____

DATE OF ABSENCE: _____

Reason: (Please check one)

Personal Illness _____

Family Illness _____

Personal Day/Business _____

Bereavement _____

School Business (explanation) _____

Other _____

EMPLOYEE'S SIGNATURE _____ DATE _____

ADMINISTRATOR'S SIGNATURE _____ DATE _____