

LIBERTY SCHOOL DISTRICT #362
Staff Absence Affidavit

NAME _____ MONTH(s) _____ / _____ YEAR _____

[illegible]

Habitual absences or absences exceeding three (3) days may require a certificate by a licensed physician and/or Return to Work Form if applicable or other satisfactory evidence of illness.

I hereby certify that the above employee was absent as completed above.

I hereby certify the foregoing to be a true and correct statement.

Supervisor Signature

Employee Signature