LIBERTY SCHOOL DISTRICT #362 Staff Absence Affidavit

NAME					MONT	H(s)/	YEAR	
DATE	REASON FOR ABSENCE Bereavement Emergency Medical Personal Vacation				Other	DESCRIPTION Please Complete for	APPROVED Required for Emergency	Hours
	r arriiry 11011	Medicai	Personal	Vacation	Other	Medical or Other Leave	and Personal Leave	
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.								
Superviso	r Signature				Emplo	yee Signature		