

Pre-verified Usage of Multiple Sick Days
(10 days or more)

I will begin using sick days on _____, _____.

I plan to return to work on _____, _____.

Medical documentation required.

Comments: _____

If you have any questions, contact Karla Smith (549.2949) or Erin Freeman (549.2907).

_____ School

_____ Position

_____ Date

 (To be completed by Central Office Payroll Office)

Number of sick days available _____ as of _____.

_____ (Signature) _____ (Date)

Completed copies to: Superintendents Office
 Central Office Payroll
 School/Program Bookkeeper