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).

_____	_____
Print Employee Name	School
_____	_____
Employee Signature	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