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 (256-549-2907) or Franchesca Rivera (256-549-2948)

_____ _____
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