## **UNIVERSITY HIGH SCHOOL** CERTIFICATED ABSENTEE REPORT

## Employee Name:

XXX-XX-
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Month/Year		Last 4 of Social Security Number
I hereby certify that my absence from	n duty on (dates):	
<ul> <li>please note.</li> <li>Total Days Absent:</li></ul>	Total Total Hourse or medical appoir octor's certification may DVID 1b. ily; (List relationship court document(s)) (Including immed ments that can't be ut pay)	ntment; (includes: illness or injury of members of ay be required) Quarantine due to COVID
Substitute(s) including date(s):		Signature of Employee Signature Superintendent/Principal
	BUSINESS OFFICE US	SE ONLY
<u>Type of Leave</u> Sick Leave P.N.L.	<u>Time Used</u>	Balance