

ST. LOUIS PARK PUBLIC SCHOOLS
ABSENCE VERIFICATION

Name _____

Building _____ Today's Date _____

This is to certify that I did not work on the following days:

(Specify if less than your full working day)

REASON FOR ABSENCE :

A _____ Personal illness (list nature of illness)

_____ Doctor consulted _____ Hospitalization required

B _____ Illness in immediate or close family. Relationship _____

C _____ Death in immediate or close family. Relationship _____

D _____ Injured on job

E _____ Personal/Emergency leave (pre-approval form must be submitted)

F _____ Vacation

G _____ Professional leave

H _____ Other (Please specify) _____

I hereby request the granting of the day(s) of absence designated above in accord with the leave provisions of the St. Louis Park Public Schools.

Employee's Signature

Responsible Administrator

ABSENCE:

Deduct from sick leave _____

Deduct from pay _____

Deduct from vacation _____