

**BRIGHT LOCAL SCHOOL
EMPLOYEES CERTIFICATE OF ABSENCE**

I, the undersigned Employee, hereby certify the _____ days(s) of absence from work on the following date(s) for the reason checked:

CHECK REASON FOR ABSENCE	DATE (MONTH/DAY/YEAR)
_____ Sick Day	_____
_____ Family Illness	_____
_____ Death of a Family Member Relation to Employee _____	_____
_____ Jury Duty	_____
_____ Personal Day	_____
_____ Professional Day	_____
_____ Vacation	_____
_____ Other (Explain)	_____

Employee's Signature

Date

Approved By (Administrator)

SUBSTITUTE(S):

NOTE: ALL EMPLOYEEES ARE RESPONSIBLE FOR COMPLETING THIS FORM IMMEDIATELY UPON RETURN TO WORK.