

CLAYMONT CITY SCHOOLS

Certificate of Absence

Employee Name: _____

Date: _____

I hereby request **leave** for the following day(s):

MONTH	DAY	YEAR	1/4- 1/2 -3/4 DAY	REASON CODE *	SUBSTITUTE

1. * Reason for use of **Leave**:

S-A - Personal Illness

S-B - Personal Injury

S-C - Pregnancy/Child Birth

S-D - Exposure to Contagious

S-E - Illness, Injury or Death in
Immediate Family*

S-F - Funeral of *Other* Family Member*

P - Personal Leave

PR - Professional Leave

V - Vacation

D - Dock

O - Other _____

2. If **S-A**, **S-B**, **S-C**, or **S-D** is checked above, was medical attention required? Yes___ No___

If yes, please provide the following information.

Physician's Name: _____ Address: _____

Dates Consulted: _____

3. If **S-E** and/or **S-F** is checked above, please provide the following information.*

Family Member's Name: _____ Relationship: _____

Employee's Signature

Principal / Supervisor

Date

- Approved
 Disapproved