

# RICHMOND COUNTY BOARD OF EDUCATION

## CERTIFICATE OF ABSENCE

EMPLOYEE \_\_\_\_\_ ID# \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL/DEPARTMENT \_\_\_\_\_ POSITION \_\_\_\_\_

I hereby request/certify that I will be/was absent from the above school/department on the day(s) indicated below for the following reasons:

**NOTE:** An illness in excess of three (3) days requires a doctor's note.

ABSENCE	NUMBER		DATE(S) OF ABSENCE/LEAVE/REASON
	DAYS	HOURS	
Personal Illness			
Family Illness			
Death in Family			
Personal Leave			
<b>*Personal Leave (Before/After Holiday)</b>			
Vacation			
Staff Development			
Jury Duty			
Professional Leave			
Extended Leave			
Accumulated Leave/Comp. Time			
<b>Total Number of Days/Hours absent</b>			<b>Cutoff Date:</b>
			<b>Period Ending:</b>

EMPLOYEE'S SIGNATURE \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_

Substitute Used Yes \_\_\_\_\_ No \_\_\_\_\_ Extended Day(s) Yes \_\_\_\_\_ No \_\_\_\_\_

**TOTAL NUMBER OF DAYS FOR SUB** \_\_\_\_\_

If yes, complete below:

Substitute's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Dates: \_\_\_\_\_ Signature of Substitute \_\_\_\_\_

Staff Development Account Number (or Other) \_\_\_\_\_

**\* Pre approval by the superintendent or designee is needed for personal leave immediately before or after a holiday. The immediate supervisor must verify approval before final approval is given by the central office.**

**I verify the classroom will be covered by a suitable substitute (if applicable) and agree to the above named employee's request for personal leave before/after a holiday.** \_\_\_\_\_

**Supervisor's approval**

\_\_\_\_\_  
Superintendent or designee's approval

ph