

Jackson County School District

Central Office Staff Sick Leave Report

Name of Employee _____

Date(s) of Absence _____ # of Days _____

Position _____

I hereby certify that the above information is true and correct on this the _____ day of _____, 20__.

CHECK ONE

REASON FOR ABSENCE

Illness ____, Personal Day ____, Vacation Day ____, Comp Time ____,

Or Other Reason _____.

Signature of Supervisor

Signature of Employee