

Certificate of Absence

Employee's Name: _____ Position: _____

Month/Year: _____

I hereby certify that I was absent from duty on the following dates (*please indicate whole or half day*): _____

The absence was caused by: (*Check One*)

Personal Illness _____

Family Illness/Death _____ (Family shall include parent, husband, wife, brother, sister, child, mother-in-law, father-in-law, sister-in-law, brother-in-law, grandparents or other relatives in the household of the employee.)

Annual Leave _____

Maternity Leave _____

Professional Leave _____ (Professional leave posted only when a substitute is used)

Other _____ Please Explain: _____

This form is due to the Payroll Department by the 15th of each month.

Additional Comments:

Date

Employee Signature

Date

Supervisor's Signature