

**SOUTHAMPTON COUNTY PUBLIC SCHOOLS
CENTRAL OFFICE PERSONNEL**

CERTIFICATE OF ABSENCE

This certificate is to be filled out by each Central Office staff member absent from work during the month. Division Superintendent is to approve the certificate. Reports must be completed and submitted at the end of each month (last working day.)

Month _____ 20_____

I hereby certify that I was absent from work on the following dates and for the reason stated:

A. PERSONAL ILLNESS

- 1. Date(s) of Confinement _____ Place _____
- 2. Diagnosis or Reason _____

B. Illness or Death in Family:

- 1. Death in Family: Relationship _____
 Living in same household: Yes [] No []
 Date(s) _____
- 2. Illness in Family: Relationship _____
 Living in same household: Yes [] No []
 Date(s) _____

C. OTHER REASONS OR EXPLANATIONS FOR ABSENCE:

Signature of employee _____

Approved by _____

Division Superintendent