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## VINELAND SCHOOL DISTRICT

### ABSENCE VERIFICATION FORM

Emp. ID #: \_\_\_\_\_

Name: \_\_\_\_\_

School/Department: \_\_\_\_\_

DATE	NOTES								
Month/Day/Year	Vacation	Sick Leave	Personal Necessity	Workers Comp	Jury Duty	Bereavement Leave	Off Without Pay	Comp. Time Taken	<ul style="list-style-type: none"> <li>This form must be completed upon return from the absence.</li> <li>All medical and release to work documents must be received prior to employees return to work date.</li> </ul>

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date