

- CL
- CE

VINELAND SCHOOL DISTRICT

ABSENCE VERIFICATION FORM

Emp. ID #: _____

Name: _____

School/Department: _____

DATE	NOTES									
	Vacation	Sick Leave	Personal Necessity	Workers Comp	Jury Duty	Bereavement Leave	Off Without Pay	Comp. Time Taken	FMLA	
Month/Day/Year (list the date in box below)										<ul style="list-style-type: none"> This form must be completed upon return from the absence. All medical and release to work documents must be received prior to employees return to work date. If selecting bereavement leave, please list the family relationship. FMLA (will need to be preauthorized by District and physician) Please list the total amount of hours off in the appropriate box next to the date.

Employee Signature

Date

Supervisor Signature

Date

Rev. 4/26/19

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