



Parent and Family Engagement Specialists

ABSENCE CERTIFICATION REPORT

Employees shall complete this form immediately upon return to work after any absence(s). The form will be left on file in the office of the appropriate principal or department head.

NAME: _____ **DATE:** _____

School or Department: Office of Federal and State Programs

Work Assignment: Parent and Family Engagement Specialist **Supervisor:** Latorsha Murray

Date(s) of Absence(s): _____

Reasons for Absence(s): _____

If reason for absence(s) was personal illness, is a physician's statement being provided?

Typing my name below certifies the accuracy of the information provided on this form. I understand that the use of sick leave, with or without pay, for reasons other than personal illness, except as provided by District Policy, is a violation of Board Policy.

Signature of Employee

Reason for absence reviewed by supervisor.

Signature of Principal or Department Head