B-1 FORM

EMPLOYEE'S VALIDATION OF ABSENCE

No salary payment for days of absence shall be made to any employee except upon presentation to the superintendent of schools of a certified statement of the period and cause of absence.

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I certify that I was absent from work on _____

Total number of days absent _____

_____ 1. Sick Leave:

_____ a. Personal Illness
_____ b. Illness in the immediate family
_____ c. Death in the immediate family
Immediate family: spouse, child, mother, father, sister, brother, grandparent, mother/father in-law, or other relatives living under the employee's roof.

_____ 2. Personal Leave: Personal business that cannot be conducted outside the regular work day. This requires prior approval and completion of the Personal Leave Form.

_____ 3. Professional Day State for What: _____

_____ 4. Vacation (12 month employees)

_____ 5. Jury Duty

_____ 6. Unpaid Leave of Absence - (Must be board approved before taken)

_____ 7. Other (Trade-Off) State for What: _____
(MUST BE PRE-APPROVED)

_____
SIGNATURE OF EMPLOYEE EMPLOYEE ID/SOCIAL SECURITY NO. DATE

_____ _____
NAME OF SUB SIGNATURE OF PRINCIPAL DATE

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TO BE COMPLETED BY PHYSICIAN (IF APPLICABLE)

_____ has been under my care and is now able to return to work as a

_____ at the Miami East Local School District on _____

_____
SIGNATURE OF PHYSICIAN ADDRESS DATE

FALSIFICATION OF THIS FORM OR THE PHYSICIAN'S CERTIFICATE SHALL BE GROUNDS FOR DISCIPLINARY ACTION, INCLUDING DISMISSAL.

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