

**Employee Certification of Absence**  
**For the Purpose of Documentation of Approved Paid or Unpaid Leave**  
**Richmond Heights Local School District**

It is the responsibility of each employee returning from an approved leave to complete, sign and return an Employee Certification of Absence with two business days of return from leave.

Employee Name \_\_\_\_\_ Number of Hours, or \_\_\_\_\_  
Dates of Absence \_\_\_\_\_ Number of Days \_\_\_\_\_

<p>Use of Sick Leave</p> <p><input type="checkbox"/> Personal Illness</p> <p><input type="checkbox"/> Family Illness</p> <p><input type="checkbox"/> Family Death</p> <p><input type="checkbox"/> Family Relationship: _____</p>	<p>Use of Other Leave</p> <p><input type="checkbox"/> Personal</p> <p><input type="checkbox"/> Approved Use: _____</p> <p><input type="checkbox"/> Vacation</p> <p><input type="checkbox"/> Professional</p> <p><input type="checkbox"/> UNPAID Leave</p>
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**NOTE: Falsification of a certification of paid leave may be grounds for termination.**

Employee's Certification:

Supervisor's Review:

Use approved  
 Use NOT approved

\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_  
Supervisor Signature and Date

Form: Sep 04