

MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT

Leave Due to Personal Illness

Employee's Name: \_\_\_\_\_ Building: \_\_\_\_\_

Date(s) of Illness or Injury: \_\_\_\_\_

Doctor's Certificate Attached: Yes \_\_\_\_\_ No \_\_\_\_\_  
(Employees absent three consecutive work days or more must attach  
doctor's certificate.)

I hereby certify that the above information is correct:

\_\_\_\_\_  
Signature Date

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\_\_\_\_\_  
Approved

\_\_\_\_\_  
Disapproved

\_\_\_\_\_  
Administrator's Signature