

Noxubee County School System

Absence Description Form

Name of Employee: _____

Name of School: _____

Date of Absence

Type of Absence
Sick, Personal, Approved, Other

Total Number of Days

<u>Date of Absence</u>	<u>Type of Absence</u> Sick, Personal, Approved, Other	<u>Total Number of Days</u>

*Please attach a copy of approved absence form.

Certification: I certify that the above information is a true account of my absence(s).

Employee Signature

Certification: I certify that the above is correct.

Principal/Supervisor