

**JACKSON COUNTY BOARD OF EDUCATION
PERSONAL LEAVE BANK**

Attending Physician Statement

(TO BE COMPLETED BY ATTENDING PHYSICIAN)

I hereby certify that (Patient's Name) _____ is unable to work due to personal incapacitation. The approximate date patient will be considered able to return to work is _____.

Attending Physician

Telephone Number

Documentation must be attached with details of the illness/injury resulting in the absence.