Blytheville School District No. 5

REQUEST SLIP ____RETURN SLIP ____

(For employees returning to work after an absence)

NAME	Date of Absence						
School or Work-Grou	p						
Check One:							
Absence for	Self	Spouse _	Chi	ld	Parent		
Reason for Absence: _	Sick		_P.B. Day	*Jur	у	_*Ext. Lv.	
PD 223	School Business		Vacation *WRITT		ΓEN STATEMENT REQUIRED		
Other Reasons/Expla	nation for Abs	ence:					
			Date		Employee's Signature		
	Blythe	ville S	chool Dis	strict N	0. 5		
]	REQUEST	SLIP_	RETU	IRN SLI	P		
	(For employees returning to work after an absence)						
NAME	ME Date of Absence						
School or Work-Grou	p						
Check One:							
Absence for	Self	Spouse _	Chi	ld	Parent		
Reason for Absence: _	Sick		_P.B. Day	*Jur	у	_*Ext. Lv.	
PD 223	School Bus	iness	Vacation	*WRITTE	N STATEN	MENT REQUIRED	
Other Reasons/Expla	nation for Abs	ence:					
Principal's/Supervisor's Signature			Date	Date Employee's Signatu		s Signature	