

Blytheville School District No. 5
REQUEST SLIP ____RETURN SLIP ____

(For employees returning to work after an absence)

NAME _____ Date of Absence _____

School or Work-Group _____

Check One:

Absence for _____ Self _____ Spouse _____ Child _____ Parent _____

Reason for Absence: _____ Sick _____ P.B. Day _____ *Jury _____ *Ext. Lv. _____

_____ PD 223 _____ School Business _____ Vacation ***WRITTEN STATEMENT REQUIRED**

Other Reasons/Explanation for Absence: _____

Principal's/Supervisor's Signature

Date

Employee's Signature

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