

Blytheville School District No. 5

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