**Okeechobee County School Board
Confirmation of Leave**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I, |  | Confirm leave taken from  |  | for |
|  |  |  | School/Center |  |
|   | days on the following dates: |  |

|  |
| --- |
|  |

**Absence was for the following reason(s):**

Number of days
Illness of Self
Illness or ****death of husband, wife, daughter, son, mother, father, sister, brother, or closerelative
****Illness or  death of member of household. Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |
| Supervisor’s Signature |  | Employee’s Signature |

(Complete this form for any absence not covered by form 0-PE-12, Application for Absence from regular work location for all employees.)

O-PE-13 Rev. 6/94

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