**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

**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