



# Leave Verification

(Emergencies, Personal Business, Professional Development, Sicknes)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Facility: \_\_\_\_\_

I was absent from work on \_\_\_\_\_ (AM/PM)

Date(s)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Employee: \_\_\_\_\_