

Article VII, Section 14 of the contract grants a maximum of two days paid per year to attend to a bona fide medical, transportation or residential emergency over which the employee could not have been expected to have control. This form is to be used by employees requesting pay for an absence from duty for emergency reasons. Please be aware that such pay shall be subject to limitations defined in Section 14.

Employee Name: ______ Employee Number: _____

Date:

Substitute:

Building:_____

Complete statement of the cause of absence:

I hereby certify that the above statement is in accordance with the facts.

Employee's Signature	Date
Principal's Signature	Date
Superintendent's Signature Article VII, Section 14,(c)	Date
ApprovedDenied	