SOUTHEASTERN LOCAL SCHOOL DISTRICT

ABSENCE AFFIDAVIT

TO: Board of Education      , 2024

Southeastern Local Schools

I was absent from school on  , 2024 because of  .

(Illness; Bereavement leave; Approved personal leave or conference leave; Vacation)

My substitute was

Signed

Name and Date of attending physician, if applicable:

     , 2024

Please check box for Electronic Signature

Please “Save As” and send to Stacey Miles as an e-mail attachment.