Department of Zoology
Management & Professional Staff
Statement re Proof of Illness

To: Katie Pikor, Administrator

From: _____ Date: _____
Print Name

I was absent from work because of illness

from _____ to _____ inclusive,

spanning _____ weekday(s) minus _____ statutory holiday(s) = _____ day(s) off.

I advised _____ on _____
name date

I am familiar with the section in the "Leaves of Absence" under **Sick Leave**.

_____
Employee's Signature

Approved by: _____ Date: _____
(Supervisor)