

Department of Zoology  
Union Contract – C.U.P.E. #116

**Statement re Proof of Illness**

**To:** Katie Pikor, Administrator

**From:**

Print Name

**Date:**

I was absent from work because of illness from:

to:

Total number of days taken = \_\_\_\_\_ .

I advised

in my Department on:

that I was unable to come to work because I was ill.

I am familiar with the section in the Union Contract under **Sick Leave Policy**.

\_\_\_\_\_  
Employee's Signature

Immediate

Supervisor signature: \_\_\_\_\_

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

Approved by  
Administrator: \_\_\_\_\_

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