

REPORT OF ABSENCE FROM WORK-ILLNESS/INJURY FORM

Wilson County Schools requires a statement from a medical doctor or other acceptable proof that an employee will be unable to work due to personal illness, medical appointment, illness, or death in the family in any absence that is expected to last five days or greater.

The doctor's statement should include the dates of treatment and expected length of recovery.

_____ is under my medical care.

(Employee's full name)

He/She will be unable to perform the duties of his/her job as a

_____ during the period of time from

_____ through _____ because of illness/injury.

By my signature I certify that the above named person does have an illness/injury that would impair this person's ability to perform his/her duties with Wilson County Schools.

Date _____

Physician's name _____

(Printed or Typed)

Physician's signature _____

Address _____

Telephone # _____