

SALARY ALLOWANCE FOR SICK LEAVE/VACATION

RENSELAER CITY SCHOOL DISTRICT

This is to certify that: _____

was absent from employment, as follows:

Date of Absence	Reason For Absence	Substitute Employed

PAYROLL PERIOD: From _____ To _____

Number of Days Absent: _____

Signature of Employee: _____

Principal/Supervisor: _____

Date: _____