



Uncharted Shores Academy

STAFF ABSENTEE VERIFICATION

Employee Name: _____ Year: _____

Hours/Days of Paid Sick leave: _____ Rate of Pay: _____

<u>Absent Date</u>	<u>Hours Absent</u>	<u>Full Day</u>	<u>Part Day</u>	<u>Employee Signature</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attendance Bonus Pay at end of Year: _____

Authorization Signature: _____ Date: _____