

DEPARTMENTAL REPORT

DEPARTMENTAL REFERRAL TO ABSENTEE CONTROL	
REASON FOR REFERRAL (check box if appropriate)	Remarks
<input type="checkbox"/> Review for incomplete certification <input type="checkbox"/> Review for fraudulent/altered certification <input type="checkbox"/> Review - is period of absence consistent with illness? Reviewed by _____ <input type="checkbox"/> Other: _____	
LAST 12 MONTH USAGE REPORT SICK LEAVE BANK BALANCE ACTION ON APPLICATION	
Substantiated Instances <input type="checkbox"/> Unsubstantiated Instances <input type="checkbox"/> Prior to Post Request <input type="checkbox"/> Request <input type="checkbox"/>	Approved Paid _____ Days _____ Hours Unpaid _____ Days _____ Hours Disapproved _____ Days _____ Hours
Sick Leave Control List _____ Yes/No Signature _____ Department Head or Designee _____	
Reason for Disapproval: _____	
Signature _____	