



**Sick Leave Certification**  
(Form 11S)

06-11S

rev. 11/20

Member name: \_\_\_\_\_ Social Security number (###-##-####): \_\_\_\_\_

Name of employer: \_\_\_\_\_

Employer # 

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Fiscal year ending	Months of contract	Days used	Summer school days worked	Summer school % effort
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

▶ Authorized signature \_\_\_\_\_

Date signed (mm/dd/yyyy)

Title \_\_\_\_\_

\_\_\_\_\_