Rainy River District
Social Services
Administration Board

ILLNESS FORM

❒ **Paid** ❒ **Unpaid**

I, ____, have been absent from work on the

following dates, due to illness:

Day: _____________ Month: ________________ Year: ________________

Day: _____________ Month: ________________ Year: ________________

Day: _____________ Month: ________________ Year: ________________

Total number of hours/days absent from work: _________________________________

I understand that an absence in excess of three (3) consecutive days requires a physician's note.

_________________________________ Employee Signature

_________________________________ Date

_________________________________ Approved by

_________________________________ Date

❒ Copy to Payroll
❒ Copy to Employee
❒ Copy to Supervisor
❒ Original to Human Resources

Revised: Nov/2015