



**SOUTH
BERGEN
JOINTURE
COMMISSION**

Board of Education
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Hasbrouck Heights, NJ 07604
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(F) 201-288-2825
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FAMILY ILLNESS ACKNOWLEDGEMENT FORM

Name: _____

School/Campus: _____

Date(s) of Absence: _____

Total number of Family Illness Days taken this illness: _____

EMPLOYEE ACKNOWLEDGES THAT HE/SHE WAS ABSENT ON THE ABOVE DATES FOR FAMILY ILLNESS.

Staff Member's Signature

(UPON RECEIPT, PLEASE COMPLETE AND RETURN THIS FORM TO THE BUILDING PRINCIPAL OR OUTREACH SUPERVISOR.)

OFFICE USE ONLY

Comments: _____

Approved _____ Disapproved _____

Building Administrator/Supervisor Signature