

JAMP Special Education Services

____ Sick Day ____ Workshop/Conference

____ Other _____

____ Funeral Day (please identify relationship, referring to JEA contractual clause at bottom of page) _____

Days/Dates absent:

Employee signature _____

Please return by mail or FAX this completed form to JAMP Office (Attention: Tammy) on the day you return to work.

JAMP Special Education Services

____ Sick Day ____ Workshop/Conference

____ Other _____

____ Funeral Day (please identify relationship, referring to JEA contractual clause at bottom of page) _____

Days/Dates absent:

Employee signature _____

Please return by mail or FAX this completed form to JAMP Office (Attention: Tammy) on the day you return to work.