MILWAUKEE PUBLIC SCHOOLS

Office of Human Resources
Employee Rights Administration Division
5225 W. Vliet St., P.O. Box 2181
Milwaukee, WI 53201-2181
Phone: (414) 475-8210
Fax: (414) 475-8638

SICK LEAVE CERTIFICATION
(To be filled out by health care professional)

I hereby certify that (print name) _____

has been under my care for (state nature and seriousness of illness or injury)

_____

_____

_____ and has been unable to

perform his/her regular duties as a _____

for the period from _____, 20_____ through

_____, 20____ inclusive.

Signed:_____

Address:_____

_____

Print Name: _____

Phone Number: _____

Date: _____