

AUTHORIZATION FOR ABSENCE

Date AUG 13 2007

To whom it may concern:

This is to certify that Tiffany Anderson.

is under my care for the following _____

Headache.


In order to avoid aggravation of his/her condition,

I recommend that he/she be excused from: _____

work 8-13-07

until (date) _____

Remarks:



Authorizing doctor