

AUTHORIZATION FOR ABSENCE

Date **AUG 13 2007**

To whom it may concern:

This is to certify that Tiffany Anderson.

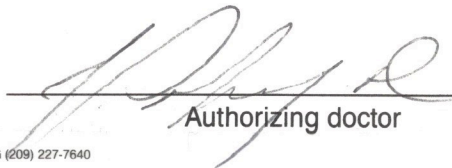
is under my care for the following _____
Headache.

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