STATEMENT OF Confirmation

Process Standard 10 Reporting of 5, 10, & 12 day Absences to State

School: _____ Date: _____

School Section:

My signature below confirms that I understand the requirements for entering and reporting 5, 10, & 12 day unexcused absences to the Mississippi Department of Education as required by the district, state board policy and state statutes. My signature further confirms the following:

1. _____ A total of _____ **5** day, _____**10** day, and _____**12** day unexcused absences met the threshold to be reported to the state attendance officer.

2. _____ Absences not prepared for submission before the end of work day in order to be reported to the state attendance officer:

Last Name	First Name	5 day	10 day	12 day