

ABSENCE REPORT

Name of Employee: _____ Date: _____

Position: _____

First Date Absent: _____ Expected Return Date: _____

- | | |
|---|--|
| <input type="checkbox"/> Personal Illness | <input type="checkbox"/> Family Illness |
| <input type="checkbox"/> Industrial Injury | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Funeral Leave |
| <input type="checkbox"/> Vacation and Holiday | <input type="checkbox"/> Approved Cont. Ed. Course |
| <input type="checkbox"/> Other | |

WAS ABSENCE:

- | | | |
|------------------------------------|--------------------------------|-----------------------------|
| Approved | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reported on First Absent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Considered | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| PTO to be Paid (If App.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| CA Sick Leave to be Paid (If App.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of hours requested | <input type="checkbox"/> Hours | |

Comments: _____

Employee Signature: _____ Date: _____

Authorized by: _____ Date: _____

Distribution of Form:

Payroll: _____

Manager: _____

Employee File: _____