

ABSENCE REPORT / REQUEST

NAME _____ NUMBER _____

DEPARTMENT _____ SHIFT _____

Today's Date _____ Prepared by _____

(If other than employee)

ABSENCE REPORT

ALL EMPLOYEES complete this section

TYPE OF HOURS

(Please mark reason(s) for absence)

- | | |
|---|--|
| <input type="checkbox"/> Illness (I) | <input type="checkbox"/> Jury Duty (J) |
| <input type="checkbox"/> Vacation (V) | <input type="checkbox"/> Bereavement (B) |
| <input type="checkbox"/> Accident on Job (A) | <input type="checkbox"/> Leave W/O Pay (L) |
| <input type="checkbox"/> Family Leave Act (F) | <input type="checkbox"/> Personal Time (P) |
| <input type="checkbox"/> Other, explain (O) _____ | |

PAYROLL OFFICE USE ONLY

First Date Absent _____ Expected Return Date _____

ABSENCE REQUEST

Complete this section to indicate the dates and type of absence(s) in advance of time off.

Employee Signature _____ Date _____

APPROVED

DENIED

Supervisor's Signature _____ Date _____