

# 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) _____ |  |

\_\_\_\_\_  
\_\_\_\_\_

<b>PAYROLL OFFICE USE ONLY</b> _____ _____ _____ _____ _____ _____ _____
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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.

_____ _____ _____ _____ _____ _____ _____
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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED

DENIED

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_