

ABSENTEE REPORT

Employee Name: _____

Department: _____

Date(s) of Absence: _____

REASON FOR OCCURANCE

| | |
|---------------------------|--------------------------|
| _____ Sick | _____ Jury Duty |
| _____ Vacation | _____ Conference/Seminar |
| _____ Personal | _____ Bereavement |
| _____ Medical Appointment | _____ FMLA |
| _____ Other _____ | |

Number of hours away from work: _____

Notice given: _____ By Phone _____ Written _____ In Person _____ E-Mail

COMMENTS: _____

Employee's Signature: _____

Supervisor's Action: _____ Approved _____ Denied _____ Refer for HR Action

Supervisor's Signature: _____

HUMAN RESOURCES USE ONLY:

Date Received: _____ Initials: _____

Date Entered: _____ Initials: _____