



ABSENCE REPORT

NAME: _____	EE NUMBER: _____	
FIRST DATE ABSENT: _____	EXPECTED DATE OF RETURN: _____	
REASON FOR ABSENCE:	<input type="checkbox"/> Illness (Self)	<input type="checkbox"/> Illness (Family)
<input type="checkbox"/> Vacation	<input type="checkbox"/> Holiday	<input type="checkbox"/> Jury Duty
<input type="checkbox"/> Personal Time	<input type="checkbox"/> Suspension	<input type="checkbox"/> Family Death
<input type="checkbox"/> Leave Without Pay	<input type="checkbox"/> Accident on Job	<input type="checkbox"/> Unknown
Explanation, if necessary: _____		
WAS ABSENCE:		
Expected in Advance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reported on First Date Absent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Considered as:	<input type="checkbox"/> Excused	<input type="checkbox"/> Unexcused
Additional Comments: _____		
DATE:: _____	PREPARED BY: _____	