

Absence Report

Today's Date: _____

PLEASE PRINT

Routing: Supervisor Date Received: _____
 Payroll Dept. Ck. Date of Payroll Deduction if applicable: _____
 Personnel File

This Report is for a: New Absence Continuation of previously reported absence
 Late Arrival/Time Arrived: _____ Date: _____ Early Departure/ Departure Time: _____ Date: _____

Employee Name _____ Employee/Payroll # _____
LAST FIRST MIDDLE

Telephone # (____) _____ Shift _____

List Date(s) Absent _____

Absence Reported by Employee Other... His/Her Name _____
Telephone # (____) _____

Reason For Absence

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Accident on the job | <input type="checkbox"/> Family Leave | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Accident off the job | <input type="checkbox"/> Holiday | <input type="checkbox"/> Medical Appointment | <input type="checkbox"/> Tardy/Leave Early |
| <input type="checkbox"/> Death in Family | <input type="checkbox"/> Illness- Family | <input type="checkbox"/> Medical Leave | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Illness- Self | <input type="checkbox"/> Military | <input type="checkbox"/> *Other: |
| <input type="checkbox"/> Professional Dev. | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Personal Day | |

*Reason for absence as explained by employee _____

TO BE FILLED OUT BY P.O.C. ONLY

Was notification of absence received in a timely fashion? Yes No

Absence Paid Unpaid Make-up Time Date(s) of make-up time: _____

List follow-up action, if any, scheduled with the employee and list the date _____

Supervisor Comments _____
_____ Date ____/____/____

Employee Signature _____ Date ____/____/____

Supervisor/Designated Manager Signature _____ Date ____/____/____