



ABSENCE REPORT

Name: _____ Last 4 SSN: _____

Department: _____

First **Date** Absent: _____ **Date** Returned: _____

Total **Hours** Absent (15 minute increments): _____

_____ Sick _____ Vacation _____ Sick Leave Pool

Explanation: _____

Faculty Only: Class/Classes

Subject	Section	Period	Time

Disposition of Class: _____

Approval:

Supervisor: _____ Employee: _____

Date: _____ Job Title: _____

Date: _____