



ABSENCE REPORT

Name: _____ SS# _____

Dept: _____ First Date Absent: _____ Date Returned to Work: _____

Total Days Absent (Must be in 4 or 8 hour a day increments): _____

Reason for Absence: Sick: Vacation: Sick Leave Pool

Explanation: _____

Faculty Only:

Class(es): _____

Subject	Section	Period	Time

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Disposition of Class(es): _____

Approved:

Supervisor: X _____ Employee: X _____

Date: _____ Job Title: _____

Date: _____

Note: Be sure to mark all blanks applicable to your absence and form is signed by Supervisor and employee.