

Absence Report

Name _____ Number _____

Location _____

First Date Absent _____ Expected Return Date _____

Reason for Absence:

- | | |
|---|--|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Holiday |
| <input type="checkbox"/> Vacation | <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 |
| <input type="checkbox"/> Family Leave Act | <input type="checkbox"/> Other |

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 by Supervisor as | <input type="checkbox"/> Excused | <input type="checkbox"/> Unexcused |

Authorized by _____ Date _____