

ABSENTEE REPORT

TODAYS DATE 08-18-2025

DATE OF EVENT 08-18-2025

EMPLOYEE NAME Jeremy Ellis BADGE# _____

DEPARTMENT IT

CHECK REASON

☐ Illness (Self)

☐ Bereavement

☐ Illness (Family)

☐ Jury Duty

☐ Personal Business

☐ Dr. / Dentist Appt.

☐ Vacation

☐ Leaving Early C/O 12:00 AM

☐ Other

☐ Coming in Late C/I 12:00 AM

☒ Free Day (Below)

Use Half Free Day - Son's doctor visit.

FREE DAY

VACATION

DATE TAKEN 08-18-2025 LENGTH OF VACATION _____

DATE(S) OF VACATION _____

DAY(S) OF VACATION REMAINING _____

EMPLOYEE'S SIGNATURE _____ DATE 08-18-2025

SUPERVISORS APPROVAL _____ DATE _____

APPROVED _____ DATE _____

THIS FORM MUST BE COMPLETED AND ROUTED TO THE FRONT OFFICE