

ABSENTEE REPORT

TODAYS DATE _____

DATE OF EVENT _____

EMPLOYEE NAME _____ BADGE# _____

DEPARTMENT _____

CHECK REASON

☐ Illness (Self)

☐ Bereavement

☐ Illness (Family)

☐ Jury Duty

☐ Personal Business

☐ Dr. / Dentist Appt.

☐ Vacation

☐ Leaving Early C/O _____

☐ Other

☐ Coming in Late C/I _____

☐ Free Day (Below)

FREE DAY

VACATION

DATE TAKEN _____ LENGTH OF VACATION _____

DATE(S) OF VACATION _____

DAY(S) OF VACATION REMAINING _____

EMPLOYEE'S SIGNATURE _____ DATE _____

SUPERVISORS APPROVAL _____ DATE _____

APPROVED _____ DATE _____

THIS FORM MUST BE COMPLETED AND ROUTED TO THE FRONT OFFICE