

# ABSENTEE REPORT

TODAYS DATE 08-05-2025

DATE OF EVENT 08-05-2025

EMPLOYEE NAME brad davis BADGE# \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

## 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)

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### FREE DAY

### VACATION

DATE TAKEN \_\_\_\_\_ LENGTH OF VACATION \_\_\_\_\_

DATE(S) OF VACATION \_\_\_\_\_

DAY(S) OF VACATION REMAINING \_\_\_\_\_

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE 08-05-2025

SUPERVISORS APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND ROUTED TO THE FRONT OFFICE**