

# Employee Absence Report Form

Employee Name	
Social Security Number	
Job Title	
Department	
Date hired	

Dates of Absence		
With Pay	Without Pay	Reason for Absence
		Holiday ____ Vacation ____ Sickness ____ Other ____
		Holiday ____ Vacation ____ Sickness ____ Other ____

Comments:

Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

Approved by \_\_\_\_\_

Signature of Approving Personnel \_\_\_\_\_

Date \_\_\_\_\_