

CLASSIFIED MONTHLY REPORT OF EMPLOYEE ABSENCE

PLEASE PRINT

Name: _____ Department: _____

Assignment %: _____ Hours Assigned: _____ Work Days: _____

Month: _____ Year: _____

Please include all absences for the same month on one absence report and attach it to your monthly attendance report.

DATES ABSENT	TOTAL HOURS ABSENT	REASON
_____	_____	<input type="checkbox"/> S ILLNESS Nature of Illness _____ A doctor's Certificate of Absence must be submitted if you are absent more than five consecutive days.
_____	_____	<input type="checkbox"/> N PERSONAL NECESSITY Specify reason _____
_____	_____	<input type="checkbox"/> B BEREAVEMENT Relationship of person _____ Out of state travel required? _____
_____	_____	<input type="checkbox"/> I INDUSTRIAL ACCIDENT OR INJURY Specify _____
_____	_____	<input type="checkbox"/> P LEAVE OF ABSENCE WITHOUT PAY Specify reason _____
_____	_____	<input type="checkbox"/> V VACATION
_____	_____	<input type="checkbox"/> J JUDICIAL LEAVE Certificate of Jury Service must be provided
_____	_____	<input type="checkbox"/> M MILITARY LEAVE
_____	_____	<input type="checkbox"/> U UNION NEGOTIATIONS

EMPLOYEE'S SIGNATURE _____

SUPERVISOR'S SIGNATURE _____