

# CONFIDENTIAL/SUPERVISOR/MANAGEMENT MONTHLY REPORT OF EMPLOYEE ABSENCE

PLEASE PRINT

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

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

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE