



ABSENCE REPORT FORM

NAME: _____ **DATE:** _____

POSITION: _____

Reason for Absence (Please check one):

Sick Vacation Personal Professional Other

Sick Family Member

Dates of Absence: _____ **Total Days Absent:** _____

Employee's Signature _____ **Hours:** _____

Supervisor Signature _____

HR Director Signature _____

<p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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For Business Office Use Only:

With Payment Without Payment