

# ABSENCE REPORT

To Be Prepared In Duplicate  
ORIGINAL – Absentee's Supervisor    COPY – Personnel Records

|   |  |
|---|--|
| <b>TO:</b> _____<br><div style="text-align: center; font-size: small;">Name of Supervisor</div> | _____<br><div style="text-align: center; font-size: small;">Department</div> |
|---|--|

Name: \_\_\_\_\_ Clock or Payroll #: \_\_\_\_\_ Dept.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_ Will Return In Approximately \_\_\_\_\_ Days

Person Reporting Absence: \_\_\_\_\_ Phone: \_\_\_\_\_

| REPORTED TO | PHONE CALL | TEXT MESSAGE | ONLINE PORTAL | OTHER MEANS | DATE | TIME |
|-------------|------------|--------------|---------------|-------------|------|------|
|             |            |              |               |             |      |      |
|             |            |              |               |             |      |      |
|             |            |              |               |             |      |      |

## REASON FOR ABSENCE

(Check Appropriate Reason)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Accident On Duty<br><input type="checkbox"/> Accident Off Duty<br><input type="checkbox"/> Discipline<br><input type="checkbox"/> Death In Family       | <input type="checkbox"/> Holiday<br><input type="checkbox"/> Jury Duty<br><input type="checkbox"/> Leave Of Absence<br><input type="checkbox"/> Illness - Family | <input type="checkbox"/> Illness - Self<br><input type="checkbox"/> Vacation<br><input type="checkbox"/> Unexcused Absence<br><input type="checkbox"/> Excused (Other) |
| <p><b>Reason for Absence Explained</b> (as required). If hospitalized, include hospital name and doctor's name if known:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |  |  |
| <p>Date: _____ Report Recorded By: _____</p> <p style="text-align: right; font-size: small;">Personnel Department</p>  |  |  |