ABSENCE REPORT

Name _____ **Emp #** _____

Program _____

Date Absent _____

Reason for Absence:

- ☐ Illness
- ☐ Vacation
- ☐ Family Death
- ☐ Family Medical Leave Act

Explanation, if necessary: _____

_____

_____

Was absence:

Considered by Supervisor as: ☐ Excused ☐ Unexcused

_____   _____
Employee Signature   Date

_____   _____
Supervisor Signature   Date

Revised 7-07