## **ABSENCE REPORT**

## **ABSENCE REPORT**

Name	Emp #	Name	Emp #				
Program  Date Absent  Reason for Absence:		Program  Date Absent  Reason for Absence:					
				□ Illness		□ Illness	
				□ Vacation		□ Vacation	
<ul><li>Family Death</li></ul>		☐ Family Death					
☐ Family Medical Leave Act		□ Family Medical Leave Act					
Explanation, if necessary:		Explanation, if necessary:					
Explanation, if necessary:		Explanation, if necessary:					
Was absence:		Was absence:					
Considered by Supervisor as:	☐ Excused ☐ Unexcused	Considered by Supervisor as:	☐ Excused ☐ Unexcused				
Employee Signature	Date	Employee Signature	Date				
Supervisor Signature	Date Revised 7-07	Supervisor Signature	Date Revised 7-07				