

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

TO: \_\_\_\_\_  
NAME OF SUPERVISOR \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

*To be prepared in duplicate. Original for absentee's supervisor,  
Copy for personnel records.*

## ABSENCE REPORT

CLOCK OR  
PAYROLL  
NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ DEPT. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ SHIFT \_\_\_\_\_

LAST DAY WORKED \_\_\_\_\_ WILL RETURN IN APPROXIMATELY \_\_\_\_\_ DAYS

WORK DAY(S) MISSED:

DAY	SUN	MON	TUES	WED	THURS	FRI	SAT
DATE							

PERSON REPORTING ABSENCE \_\_\_\_\_ PHONE \_\_\_\_\_

REPORTED TO	BY PHONE	BY MESSENGER	OTHER MEANS

## REASON FOR ABSENCE

(CHECK APPROPRIATE REASON)

ACCIDENT ON DUTY	HOLIDAY	SICKNESS-SELF
ACCIDENT OFF DUTY	JURY DUTY	VACATION
DISCIPLINE	LEAVE OF ABSENCE	UNEXCUSED ABSENCE
DEATH IN FAMILY	SICKNESS IN FAMILY	EXCUSED (OTHER)

NAME OF HOSPITAL \_\_\_\_\_ NAME OF DOCTOR \_\_\_\_\_

REASON FOR ABSENCE EXPLAINED (AS REQUIRED) \_\_\_\_\_

RECORDED BY \_\_\_\_\_ DATE \_\_\_\_\_

PERSONNEL DEPARTMENT