

ABSENCE REPORT

NAME: _____

DEPARTMENT: _____

DATE OF ABSENCE: _____

EXPECTED RETURN DATE: _____

REASON FOR ABSENCE: _____

PAYROLL TIME:

Authorized Time Off Without Pay Compassionate Leave

Education Leave EIB

Jury Duty PDO

Explanation, if necessary: _____

TOTAL DAYS: _____ TOTAL HOURS: _____

Employee Signature Date

APPROVED:

Director, VP or President Date

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