



ABSENTEE REPORT

Name: _____

Employee No.: _____

Payroll Period: _____

REASON FOR ABSENCE FROM WORK:

- | | | |
|--------------------------------------------|------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Vacation | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Family Death | <input type="checkbox"/> Accident on Job | <input type="checkbox"/> Personal Time |
| <input type="checkbox"/> Leave without Pay | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other |

Comments:

DAYS ABSENT FROM WORK:

SUPERVISOR'S COMMENTS

- | | | |
|-------------------------------------------|----------------------------------------------|------------------------------------|
| <input type="checkbox"/> Excused with Pay | <input type="checkbox"/> Excused without Pay | <input type="checkbox"/> Unexcused |
| <input type="checkbox"/> Comments: _____ | | |

SIGNATURES:

Employee: _____

Date: _____

Supervisor: _____

Date: _____

c.c.'s: Accounting Dept. Employee _____