

TO _____
Name of Supervisor _____ Department _____

To be completed in duplicate. Original for absentee's supervisor. Copy for personnel records.

ABSENCE REPORT

Name _____ Clock No. _____
Address _____ Phone _____ Shift _____
Last Day Worked _____ Will Return On _____
Person Reporting Absence _____
Phone _____

Reported To	By Phone	By Messenger	Other Means	Date	Hr.

REASON FOR ABSENCE (check appropriate reason)

Accident on Duty		Holiday	
Accident off Duty		Jury Duty	
Discipline		Leave of Absence	
Death in Family		Sickness in Family	
Sickness-Self			
Vacation			
Unexcused Absence			
Excused (other)			

Name of Doctor _____

Reason for Absence Explained (as Required) _____

Date _____ Report Recorded By _____

Supervisor's Signature _____