ABSENCE RE	EPORT	
NAME:		
DEPARTMENT:		
First Date Absent: Expec	eted Return Da	ate:
REASON FOR ABSENCE:		
Employee wants: Sick P	ΓΟ]	None
Illness (state symptoms): diarrhea cough vomiting Other than listed sympt		
	Called C	Off/Low Census
	Jury Duty	
	Suspension	
	Leave Without Pay	
Unknown		
Explanation, if necessary:		
WAS ABSENCE		
Expected in Advance:	Yes _	No
<u> </u>	Yes _	No
Considered by Supervisor as:		
Excused	Unexcuse	ed
Date: Prepared by:		
Time:		
Route to: Employee Health for Ill	lness	

ABSENCE REPORT NAME: SHIFT: SHIFT: First Date Absent:_____ Expected Return Date:____ **REASON FOR ABSENCE:** Employee wants: Sick_____ PTO____ None____ **Illness (state symptoms):** ___diarrhea ___cough ___ temp ___nausea ___vomiting Other than listed symptoms: ____Called Off/Low Census Vacation Personal Time ____Jury Duty Family Death ____Suspension Accident on Job Leave Without Pay Unknown Explanation, if necessary: WAS ABSENCE **Expected in Advance:** Yes No **Report on First Date Absent:** Yes No Considered by Supervisor as: _____Excused _____Unexcused Date:_____ Prepared by:_____ Time: **Route to: Employee Health for Illness**