

ABSENCE REPORT

NAME: _____

DEPARTMENT: _____ **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:** _____

- | | |
|------------------------------|------------------------------------|
| _____ Vacation | _____ Called Off/Low Census |
| _____ 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

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