



ABSENCE REPORT

(PLEASE PRINT CLEARLY)

Submit to Human Resources, Popplewell 117, on a weekly basis.

Name _____ Week/Month _____

Department _____ G# _____

Dept. Phone # _____ Supervisor _____

	Date/Hours Used	Total Hours
<input type="checkbox"/> Vacation (Non-faculty) (if FMLA, HR must be notified)		
<input type="checkbox"/> Sick Leave (if FMLA, HR must be notified)		
<input type="checkbox"/> Floating Holiday (Non-faculty)		
<input type="checkbox"/> Leave Without Pay (Must be approved by HR)		
<input type="checkbox"/> Personal Days (Non-faculty) (Max 2 days per year)		
<input type="checkbox"/> Personal Day 5 Year Anniversary (Replaces the Birthday Holiday) (Non-faculty)		
Bereavement Days (Max 3 days per year) Relationship _____		
<input type="checkbox"/> Emergency Responder (Certification Document for Verifying Services)		
<input type="checkbox"/> Jury Duty (Jury Duty Notification to HR)		
<input type="checkbox"/> Military Leave (Official Orders Notification to HR)		

If insufficient leave accruals are available, remainder will be applied automatically to Leave Without Pay.

Employee Signature _____ Date _____

HR Approval (FMLA/Leave Without Pay ONLY) _____ Date _____

Supervisor Signature _____ Date _____