

# Employee Absence Report

Employee Name \_\_\_\_\_ Employee # \_\_\_\_\_

Telephone # \_\_\_\_\_ Department \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_ Absence reported by  Employee  Other \_\_\_\_\_

Notice received  By phone  Written  In person  Voice mail  E-mail  Other

Notice received by Name \_\_\_\_\_ Title \_\_\_\_\_

Is this a continuation of a previously reported absence?  Yes  No

### Reason for Absence (check one):

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Jury duty (attach copy of summons) | <input type="checkbox"/> Sick/medical (employee) | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Bereavement (specify relationship) | <input type="checkbox"/> Sick/medical (family)   | <input type="checkbox"/> Holiday  |
| <input type="checkbox"/> Military                           | <input type="checkbox"/> On-the-job injury       | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Weather                            | <input type="checkbox"/> Transportation          | <input type="checkbox"/> Other    |

### Reason for absence as explained by employee/other

---

---

---

---

Absence  Excused  Unexcused

Will return to work \_\_\_\_\_

Absence  Paid  Unpaid  Other \_\_\_\_\_

Recommended Action  Make up time  Discipline  None  Refer to human resources for FMLA review  Other

Additional Remarks \_\_\_\_\_

---

---

---

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_