



ABSENCE REPORTING FORM

NAME _____ DEPARTMENT _____

EMPLOYEE ID _____ CURRENT DATE _____

TYPE OF ABSENCE	DATES (MM/DD/YY)	CURRENT UNUSED BALANCE	LESS TOTAL HOURS TO BE TAKEN		BALANCE AFTER LEAVE TAKEN
			# HOURS PAID	# HOURS UNPAID	
Vacation/Personal					
Sick Leave					
Personal Leave (Faculty only)					
Family Emergency Care (Faculty only)					
Other*					

TYPE OF ABSENCE	DATES (MM/DD/YY)	CURRENT UNUSED BALANCE	LESS HRS. TAKEN		BALANCE AFTER LEAVE TAKEN
			# HRS PAID	# HOURS UNPAID	
Comp Time Earned					
Comp Time Used					

*Reason (if "Other"): _____

Employee's Signature _____

ACTION BY SUPERVISOR

APPROVED NOT APPROVED

Supervisor's Signature _____ Date _____

If absence is NOT APPROVED or considered UNEXCUSED list reason why: _____

INSTRUCTIONS

1. Utilization of any leave time is subject to the written approval of your supervisor in advance of taking the time. Supervisors should ensure that utilization of leave is promptly reported to Human Resources and is in accordance with the applicable handbook/agreement.
2. The smallest allowable increment for reporting absences is 1/2-hour.
3. Counselors and Librarians: Paid leave can be utilized in accordance with the employee's annual contract.