Monthly Absence Report

This report must be completed not later than the tenth day of the following month by each staff member on the monthly payroll.

Name

Department

For the month ending       20

Check one:

No absences during month       Absences as shown below

ABSENCES

|  |  |  |
| --- | --- | --- |
| Date | Hours | Reason for Absence\* |
|       |       |       |
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\*Indicate illness, vacation, personal day, funeral, jury duty, leave of absence without pay, etc.

This is a complete record of my absences, if any, for the period indicated.

Signature of employee Date

Signature of supervisor Date