ABSENTEE REPORT

Date of Absence	
Employee Name	Employee ID
Department	
Type of occurrence:Ta	rdinessAbsenceEarly Dismissal
Occurrence is:Ex	cusedUnexcused
Time due at work Scheduled leave time	
Actual arrival time Actual leave time	
Is this a continuation of a previously repo	rted absence?YesNo
Reason for Occurrence:	
Lack of Work	Leave of Absence
Sick (employee)	Transportation
Family Illness	Unknown
Accident – self or family (not job related) Death in the Family	
Injury (job related)	Jury duty/Court
Personal	Weather
DisciplineFamily Leave	
Medical Appt Medical Release** Other (explain below)	
**Please attach medic	al note
Will return to work	
Notice Received:By Phone	WrittenIn PersonNone
Email	Voice MailMessage Center
Notice Received By:	
From:Employee	RelativeOther:
Additional Remarks:	
Time ReceivedAM/	'PM
PTO tracker/request completed	
Employee's Signature	
Supervisor's Signature	