

# Absence Report

**This Report Is For A:**

☐

New Absence

☐

Continuation of a previously reported absence

Employee Name

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List Dates(s) Absent

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Absence Reported By ☐ Employee ☐ Other: Name

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Phone #

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Was notification of absence recieved in a timely fashion?

☐

Yes

☐

No

Absence: ☐ Paid ☐ Unpaid ☐ Other:

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If medically treated, was a doctor seen?

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Yes

☐

No

If absence exceded three days, was  
Physician Certificaton requested?

☐

Yes

☐

No

If so, did the employee provide this?

☐

Yes

☐

No

## Reason for absence

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Accident on the job

☐

Family Leave

☐

Leave of Absence

☐

Suspension

☐

Accident off the job

☐

Holiday

☐

Medical Appointment

☐

Tardy/Leave Early

☐

Death in Family

☐

Illness-Family

☐

Medical Leave

☐

Personal Day

☐

Educational

☐

Illness-Self

☐

Jury Duty

☐

Vacation

☐

Excused\*

☐

Unexcused\*

Reason for absence as explained by employee

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List follow-up actions, if any, with the employee and list the date

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Supervisor Comments

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Supervisor/Designated Manager Signature \_\_\_\_\_ Date \_\_\_\_\_