

ABSENCE REPORT

EMPLOYEE _____ DATE: _____

DATE FIRST ABSENT _____ LAST DATE ABSENT _____

For absences of one week or more: Last date in office _____
First date back in office _____

TYPE OF ABSENCE:

- | | |
|---|------------------------|
| <input type="checkbox"/> Annual Leave (Vacation or Personal Time) | Total Hours Used _____ |
| <input type="checkbox"/> Annual Leave (Sick) | Total Hours Used _____ |
| <input type="checkbox"/> Comp. Time (Pastors Only) for _____ (date) | |
| <input type="checkbox"/> Ministry Leave: _____ | |
| <input type="checkbox"/> Other: _____ | |

Employee Signature

Supervisor Signature

NOTIFY RECEPTIONIST IMMEDIATELY OF ALL ABSENCES

Original: Payroll/Personnel

Canary Copy: Supervisor

Pink Copy: Employee

Rev. 6/3/08

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