



## Absence Report – Administrative and Professional Staff

**Name** \_\_\_\_\_ **Employee ID #** \_\_\_\_\_

Please complete all appropriate sections. If you are currently using the Family Medical Leave Policy and have completed the corresponding paperwork, check the "FMLA" box for the absences to be recorded correctly.

Vacation			
	Date	Full	Half
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Sick Day - Employee				
	Date	Full	Half	FMLA
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Sick Day - Family				
	Date	Full	Half	FMLA
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Floating Holiday	
	Date
1	

Funeral Leave			
	Date	Full	Half
1			
2			
3			
	<b>Relative</b>		
	Spouse		
	Parent		
	Sibling		
	Child		
	In-Law (Parent)		
	In-Law (Sibling)		
	In-Law (Child)		
	Grandparent		
	Grandchild		
	Household		
	Aunt/Uncle*		
	Niece/Nephew*		

Personal Day			
	Date	Full	Half
1			
2			
3			

Jury Duty			
	Date	Full	Half
1			
2			
3			

Mission / Service			
	Date	Full	Half
1			
2			
3			
4			
5			

*\*one day*

**Employee Signature** \_\_\_\_\_ **Supervisor Signature** \_\_\_\_\_