

# King's College Absence Report for Administrative and Professional Staff

Name: \_\_\_\_\_

Employee ID # \_\_\_\_\_

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

Vacation			
Date	Full Day	1/2 Day	
1 _____	<input type="checkbox"/>	<input type="checkbox"/>	
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	
6 _____	<input type="checkbox"/>	<input type="checkbox"/>	
7 _____	<input type="checkbox"/>	<input type="checkbox"/>	
8 _____	<input type="checkbox"/>	<input type="checkbox"/>	
9 _____	<input type="checkbox"/>	<input type="checkbox"/>	
10 _____	<input type="checkbox"/>	<input type="checkbox"/>	

Personal			
Date	Full Day	1/2 Day	
1 _____	<input type="checkbox"/>	<input type="checkbox"/>	
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	
Jury Duty			
Date	Full Day	1/2 Day	
1 _____	<input type="checkbox"/>	<input type="checkbox"/>	
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	

Mission/Community Service			
(Advanced written approval of supervisor and HR)			
Date	Full Day	1/2 Day	
1 _____	<input type="checkbox"/>	<input type="checkbox"/>	
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	
Floating Holiday			
Date _____			

Worker's Compensation	
Date	FMLA
1 _____	Yes
2 _____	Yes
3 _____	Yes
4 _____	Yes
5 _____	Yes
6 _____	Yes
7 _____	Yes
8 _____	Yes
9 _____	Yes
10 _____	Yes

Sick Day Employee				Sick Day Family				Funeral Leave				
Date	Full Day	1/2 Day	FMLA	Date	Full Day	1/2 Day	FMLA	Date	Full Day	1/2 Day		
1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mother/Father
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brother/Sister
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	Son/Daughter
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	Stepchild
6 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	Mother/Father in-law
7 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	Son/Daughter in-law
8 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brother/Sister in-law
9 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	Member of your household
10 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	Grandchild/Grandparent

Employee Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_