

Month:

CLASSIFIED ABSENCE REPORT

Department:

Employee:

ID Number:

Location:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

INSTRUCTIONS: LEAVE BOX BLANK IF A FULL DAY OF SERVICE. ABSENCES SHALL BE RECORDED AS HOURS USING THE APPROPRIATE LETTERS BELOW.

ABSENCE CODES

- | | | | |
|-------------------------|---------------------------|---------------------------------|-------------------------|
| A- Unauthorized Absence | E- Conference or Meeting | J- Jury or Witness | R- Religious Observance |
| B- Bereavement | Authorized Leave With Pay | L- Authorized Leave Without Pay | S- Sick Leave |
| C- Donated Sick Leave | H- Legal Holiday | M- Military Leave | T- Sabbatical Leave |
| D- Disaster Leave Pay | I- Industrial Leave | P- Personal Necessity Leave | V- Vacation |

I hereby certify that I have fulfilled my assignment with specific exceptions as shown.

REMARKS*:

Employee Signature

Manager Signature

**If applicable, include compensatory time earned and used.*