

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.*