### Classified Absence Report

**Employee:**

**ID Number:**

**Location:**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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

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If applicable, include compensatory time earned and used.

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**Employee Signature**

**Manager Signature**