

CERTIFIED EMPLOYEE ABSENCE REPORT

EMPLOYEE: _____ TODAY'S DATE: _____

REQUESTED SUB: _____ DATE OF ABSENCE: _____

ACTUAL SUB: _____

SUB START TIME: _____ SUB END TIME: _____

REASON FOR ABSENCE: _____ **TOTAL EMPLOYEE HOURS ABSENT:** _____

- PLEASE SELECT:
- SICK LEAVE- SELF
 - SICK LEAVE- IMMEDIATE FAMILY
 - FUNERALS/ BEREAVEMENT
 - PERSONAL LEAVE
 - PROFESSIONAL LEAVE
 - WORKSHOP/ EVENT NAME: _____
 - JURY DUTY
 - UNPAID LEAVE
 - OTHER
 - BRIEF DESCRIPTION: _____

SUPERVISOR SIGNATURE

DATE