



Employee Absence Form

Employee Name: _____
(Please Print)

Department: _____

Employee Number: _____

Start Date: _____ **End Date:** _____

Number of Days/Hours: _____

Reason:

Date: _____

(Check only one)

- Vacation
- Sick Day
- Personal Day
- Other

Please include dates, time and reason for absence.

Submit this form along with timesheets and any necessary documentation to the Payroll department.

Employee Signature: _____

Supervisors Approval: _____



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