

Employee Absentee Report

Employee Name _____

Type of Occurrence: Absence ____ Vacation ____ Sick/Med. Appt. ____
Funeral ____ Personal (Explain) _____

Date(s) of Full days Absent _____

Specific times of less than full days: Date _____
Time off: From _____ to _____

Your signature _____ Date submitted _____

For office use only: Approved by _____ Date _____
Logged in personnel file by: _____ Date _____

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