

Monthly Absence Record for Exempt (Monthly Paid) Employees

Name: _____

BUID Number: _____

Department: _____

Reporting Period: Month: _____ Year: _____

Legend: **V** – [Vacation Hours](#) **C** – [Court Leave Hours](#) **S** – [Sick Hours](#)
 (Policy linked) **P** – [Personal Hours](#) **F** – [Paid Parental Hours](#) **N** – [Non-Paid Hours](#)

SUMMARY OF ABSENCES							
TYPE:	V	P	C	F	N	S	TOTAL HOURS ABSENT
TOTAL HOURS							=

	SUN	MON	TUES	WED	THUR	FRI	SAT	HRS ABSENT
1 ST WEEK								
REASON CODE								
2 ND WEEK								
REASON CODE								
3 RD WEEK								
REASON CODE								
4 TH WEEK								
REASON CODE								
5 TH WEEK								
REASON CODE								
TOTAL HOURS ABSENT:								

INSTRUCTIONS:

1. Report hours requested.
2. Determine the total net hours absent each day and enter the total net hours and type of absence in the appropriate week day column, rounded to the nearest quarter hour.
3. Total the hours by type of absence and record the total in the appropriate columns in the Summary of Absences table.
4. Complete the application for sick time payment when recording use of sick time.
5. Form must be signed by the employee and supervisor.
6. Forms should be maintained in the departmental files.

APPLICATION FOR SICK TIME PAYMENT

Employee is requesting the use of their sick time for:

Illness/Injury of: Employee Spouse Parent Dependent Child

Date(s): _____

Note: A statement from the attending physician is required of staff applying for more than 3 consecutive days of sick time for themselves or any other eligible family member.

Medical/Dental Employee Spouse Parent Dependent Child

Appt. for: Date(s): _____

Funeral for: Name: _____ City: _____

Relationship: _____ Date: _____

Please visit the HR website for information on [Family Medical Leave](#). If currently on FMLA, please also complete the [FMLA tracking form](#).

I hereby certify this report to be a true and accurate record of my absences during this month.

Employee Signature Date

Supervisor Signature Date