Monthly Absence Record for Exempt (Monthly Paid) Employees

Name: _____

BUID Number: _____

Department: _____

Reporting Period: Month: Select Year: _____

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

SUMMARY OF ABSENCES							
TYPE:	V	P	C	N	S		TOTAL HOURS ABSENT
TOTAL HOURS						=	0.00

	SUN	MON	TUES	WED	THUR	FRI	SAT	HRS ABSENT
1ST WEEK								0.00
REASON CODE								
2ND WEEK								0.00
REASON CODE								
3RD WEEK								0.00
REASON CODE								
4TH WEEK								0.00
REASON CODE								
5TH WEEK								0.00
REASON CODE								
							TOTAL HOURS ABSENT:	0.00

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 Appt. for: ☐ Employee ☐ Spouse ☐ Parent ☐ Dependent Child
Date(s): _____

Funeral for: Name: _____ City: _____
Relationship: _____ Date: _____

Please visit the HR website for information on Family Medical Leave. If currently on FML, 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 _____

Clear Form

Updated 8/1/2013