



Complete this form every **pay day** for the previous two-week period.

Name of Employee: _____ Employee Number: _____

Department: _____

	DATES	CHECK ONE
1. Wedding — Relation _____	_____	<input type="checkbox"/> (1)
2. Christening, Birth, Adoption or Employee's Child _____	_____	<input type="checkbox"/> (2)
3. Death in Family — Relation _____	_____	<input type="checkbox"/> (3)
4. Moving Day _____	_____	<input type="checkbox"/> (4)
5. Jury Duty or Subpoena _____	_____	<input type="checkbox"/> (5)
6. Leave of Absence _____	_____	<input type="checkbox"/> (6)
7. Sick Leave _____	_____	<input type="checkbox"/> (7)
8. Annual Vacation _____	_____	<input type="checkbox"/> (8)
9. Authorized Syndical Leave _____	_____	<input type="checkbox"/> (9)
10. Overtime Bank _____	_____	<input type="checkbox"/> (10)
11. Other (<i>Explain</i>) _____	_____	<input type="checkbox"/> (11)

I WAS PROPERLY ADVISED OF THE EMPLOYEE ABSENCE

YES

NO

Dean/ Director of Department: _____ Date: _____