

Monthly Absence Record for Exempt (Monthly Paid) Employees

Name: _____

BUID Number: _____

Department: _____

Reporting Period: Month: _____ Year: _____

Legend **V** – [Vacation Hours](#) **S** – [Sick Hours](#) **P** – [Personal Hours](#)
 (Policy link) **B** - [Bereavement Hours](#) **C** – [Court Hours](#) **F** – [Paid Parental Hours](#)
 M – [Military/Emergency Responder](#) **N** – [Non-Paid Hours](#)

SUMMARY OF ABSENCES										
TYPE:	V	S	P	B	C	F	M	N		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:	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> 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	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Dependent Child
Appt. for:	Date(s):

Please visit the HR website for information on:

- [Family Medical Leave](#). If currently on FML, please also complete the [FMLA tracking form](#).
- [Paid Bereavement Leave form](#)
- [Paid Military/Emergency Responder Leave 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