

EMPLOYEE ABSENCE RECORD

Employee Name: _____

First Day of Absence: _____

Last Day of Absence: _____

Total Number of Days: _____

Sick Leave

____ (1) Personal Illness (Answer below **only** if applicable)

Hospitalization? _____

Treated by physician or other health
care provider? _____

Chronic condition for which you have
previously been seen by health care
provider? _____

____ (2) Illness or medical appt for immediate family (review
contract/policy provisions which limit **paid** leave for
this purpose)(Answer below **only** if applicable)

Family member hospitalization? _____

Family member treated by physician
or other health care provider? _____

Chronic condition for which family
member has previously been
seen by health care provider? _____

Other

____ (7) Personal Leave

____ (8) Annual Day

____ (9) Conference

____ (10) Jury Duty

____ (11) Unpaid Absence

____ (12) Unpaid Sick

____ (13) Visitation

____ (14) Worker's Comp

____ (15) Unit II Flex Time

Should this be counted under Family Medical Leave Act _____ Initials _____

____ (3) Bereavement in immediate family -----> Relationship: _____

____ Bereavement, not immediate family as defined by contract language

____ (4) Medical/dental appointment

____ (5) Religious Holiday (review contract/policy
provisions for applicability)

____ (6) Weather related (review contract/policy provisions)

Employee Signature: _____

Date: _____

Approved by: _____

Date: _____