

Absence Report

Name _____ Department _____

I (was) (will be) absent from work on the date(s) and time period(s) indicated below:

Month	Day	Year	Time of Day	Number of Hours	Reason Code*

Employee Category: **M** = Merit, **S** = SEIU, **P** = Professional and Scientific, **N** = Non-Exempt P&S

Employee Category	Reason Code	Description	Employee Category	Reason Code	Description
M,S,P,N	01	Vacation	M	31	Compensatory Hours Taken
M,S,P,N	02	Sick Leave-Regular	M	33	FMLA Regular Compensatory Hours
M,S,P,N	03	Sick Leave-Family Caregiving	M	41	Holiday Compensatory Hours Taken
M,S,P,N	04	Sick Leave-Funeral	M	43	FMLA Holiday Compensatory Hours
M,S,P,N	05	Sick Leave-Pallbearer/Attendant	M,S,P,N	51	FMLA Vacation
M,S,P,N	06	Sick Leave-On-The-Job Injury	M,S,P,N	52	FMLA Sick Leave-Regular
M,S,P,N	07	Sick Leave-Adoption	M,S,P,N	53	FMLA Sick Leave-Family Caregiving
M,S,P,N	10	Jury Duty	S,P,N	54	FMLA Workers Comp-Unpaid
M,S,P,N	11	Military Leave	M,S,P,N	55	FMLA Workers Comp-Vacation
M,S,P,N	12	Bone Marrow Donor	M,S,P,N	56	FMLA Workers Comp-Sick
M,S,P,N	13	FMLA Bone Marrow Donor	M,S,P,N	57	FMLA Sick Leave-Adoption
M,S,P,N	14	Vascular Organ Donor	M	58	FMLA Workers Comp-Unpaid
M,S,P,N	17	FMLA Vascular Organ Donor	S,P,N	59	FMLA Absence Without Pay
M	24	Absence Without Pay	N	73	FMLA P&S Non-Ex Regular Comp Hours
M	29	FMLA Absence Without Pay	N	83	FMLA P&S Non-Ex Holiday Comp Hours
			M	91	Mandatory Unpaid Hours for Merit

Anticipated return to work (if known) _____

Is your absence due to: Your illness? Yes NoIf absence is due to your illness, did you consult with a treating health practitioner? Yes NoIs your absence due to: Family member's health, medical, physical or mental condition; impairment or injury? Yes NoIs your absence due to a previously designated FMLA Leave? Yes NoIs your absence due to the same health condition (yours or family members) that has caused you to miss a full or partial workday earlier this calendar year? Yes No

Absence reported to: _____

Date reported: _____

Employee Signature Date_____
Department Head or Supervisor DateCopies to: Department
Employee

A department may grant sick leave, family caregiving leave, or funeral leave to an employee upon receipt of satisfactory evidence supporting the leave.