



ABSENCE REPORT

Name _____

County _____

First Date Absent _____

Expected Return Date _____

Reason for Absence:

- | | |
|---|--|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Holiday |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Paid Time Off |
| <input type="checkbox"/> Personal Time | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Family Death | <input type="checkbox"/> Leave Without Pay |
| <input type="checkbox"/> Family Leave Act | <input type="checkbox"/> Other |

Explanation *(if necessary)* _____

PTO Hours Requested _____

Employee Signature _____

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For Office Use Only

Hours Scheduled to be Worked on Requested Days Off _____

Hours Rescheduled to be Worked at Another Time by Employee _____

Hours to be Worked by Another Employee _____

Hours Approved to be Paid PTO _____

Supervisor Signature _____

Director Asst Director Signature _____

Approved YES NO

Comments _____