



Absence Report / Vacation Request

Employee Name

Date(s) of Absence:

First Date Away

First Day Back

Number of Days Away

Absence Reported By:

Employee

Other (Name)

Ext.

Reasons for Absence

Accident on Job

Accident off Job

Death in Family

Education

Family Leave

Illness – Family

Illness – Self

Jury Duty

Leave of Absence

Medical (includes Pregnancy)

Vacation

Other (explain)

Approved Yes No

Supervisor Name

Date