ABSENCE REPORT

Name: ______________________ SS# ______________________

Dept: ______________ First Date Absent: __________ Date Returned to Work: __________

Total Days Absent(0 X V W E H _L Q R U Increments): K R X U D day ______________________

Reason for Absence: ☐ Sick: ☐ Vacation: 6 L F N / H D Y H 3 R R O

([S O D Q D W L R Q ______________________________

Faculty Only:

Class(es): ______________________________

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Subject Section Period Time

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Subject Section Period Time

Disposition of Class(es): ______________________________

Approved:

6 X S H U Y L V R U: ;______________________ Employee: , @ @ @ @ @ @ @ @ @ @ @ @ @ @ @

' D W H B B B B B B B B B B B B B B B B B B B B B B B B B B B B B -ob Title:

' D W H B B B B B B B B B B B B B B B B B B B B

Note Be sure to mark all blanks applicable to your absence D Q G I R U P L V V L J Q H G E \ 6 X S H U Y L V R U