

Absence Confirmation

Employee's Name: _____

Date: _____

Employee # _____

Reason for Absence:

___ Vacation [] Paid [] Unpaid

___ Personal [] Paid [] Unpaid

___ Illness [] Paid [] Unpaid

___ Jury Duty [] Paid [] Unpaid

(notification Attached)

___ Bereavement [] Paid [] Unpaid

___ Leave [] Paid [] Unpaid

___ Other [] Paid [] Unpaid

Explanation of Other: _____

Dates Employee Was Absent _____

Number of **HOURS** Employee Was Absent _____

For Office Use Only:

Date: _____

Amount of Time Taken _____

Vacation Personal Sick Doctor Time