

**HEAD START SCHOOL READINESS ACADEMY  
EMPLOYEE ABSENCE REPORT**

NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

POSITION: \_\_\_\_\_

TIME ABSENT From: \_\_\_/\_\_\_/\_\_\_

To: \_\_\_/\_\_\_/\_\_\_

TOTAL # OF DAYS: \_\_\_\_\_ YEAR TO DATE ABSENCES: \_\_\_\_\_

**REASON FOR ABSENCE**

<input type="checkbox"/> Accident on Job	<input type="checkbox"/> Illness- Family	<input type="checkbox"/> Medical Leave
<input type="checkbox"/> Accident off Job	<input type="checkbox"/> Illness-Self	<input type="checkbox"/> Other
<input type="checkbox"/> Death in Family	<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Suspension
<input type="checkbox"/> Educational	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Vacation
<input type="checkbox"/> Family Leave	<input type="checkbox"/> Medical Appt.	<b>Specify Other:</b>

\_\_\_\_ AUTHORIZED ABSENCE: (explain) \_\_\_\_\_

\_\_\_\_ UNATHORIZED ABSENCE: (explain) \_\_\_\_\_

ABSENCE SUBJECT TO PAY DEDUCTION: \_\_YES\_\_NO

LAST DAY EMPLOYEE WORKED \_\_\_/\_\_\_/\_\_\_

ESTIMATED DATE OF RETURN TO WORK \_\_\_/\_\_\_/\_\_\_

SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

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