

ABSENCE FORM

Employee ID

First Name

Last Name (Please Print)

I am requesting the following day(s) off from work:

MONTH:								YEAR:							
Enter appropriate code under each date of absence - Do not use check marks -															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
								NUMBER OF DAYS ABSENT							

PAID ABSENCE CODES			
SCK	Illness (Employee/Dependent)	BRV	Bereavement Leave
VAC	Vacation (Vacation <i>and</i> Reserve Days)	JDC	Jury Duty - Circuit Court
PBD	Employee's Personal Business	JDD	Jury Duty - District Court
PBE	Employee's Emergency Personal Business	JDF	Jury Duty - Federal Court
CNF	Conference Leave	RHL	Religious Holiday
NO PAY ABSENCE CODES			
EXC	Excused absence <i>without</i> Pay	UNX	Unexcused absence <i>without</i> Pay

I understand that ***if*** I am using sick benefit days that have not been earned, I authorize the Board to withhold the value of sick pay taken and unearned from my final compensation.

Employee's Signature

Date

Manager's Signature

Date