



ABSENTEEISM REPORT

| | | |
|--|---------------------------------------|--------------|
| Date: | Time: | A.M./P.M. |
| Name: | | |
| Position: | | |
| <input type="checkbox"/> Per Telephone | <input type="checkbox"/> Other: _____ | |
| Cause For Absence: | | |
| Received By: | | (Supervisor) |
| <i>Attach To Affected Leave Request And Time Sheet</i> | | |



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