Employee absence report

Employee name: _____

Job title and department: _____

Supervisor: _____

Date of this report: _____

Absence

Date absent	Scheduled shift	Hours missed	Paid leave used (hours and type)

Type of absence

☐ Sick (self) ☐ Care of a family member ☐ Personal ☐ Bereavement ☐ Jury duty or court ☐ Weather or transportation ☐ No-call no-show ☐ Other

How notice was given (call, text, app, in person):

_____

Date and time of notice: _____

Notice given to: _____

Expected or actual return-to-work date: _____

Optional: anything you want your supervisor to know. Do not include medical details; if certification is needed for protected leave, HR will ask for it separately.

Employee comments: _____

_____ _____

Employee signature Date

Manager use only

☐ Excused ☐ Unexcused ☐ Refer to HR: may be FMLA or protected sick leave

Points or occurrences recorded under policy:

_____

Payroll: hours paid and leave balance updated:

_____

_____ _____

Manager signature Date

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