

**Absence Report for Exempt and Non-Exempt Personnel  
Physical Plant Department**

Employee \_\_\_\_\_ Shop/Section \_\_\_\_\_

Partial days are to be posted on separate lines, clearly indicating the date and number of hours absent on that date. Whole days, and/or weeks, may be posted on one line with dates clearly indicated on the left, and the total number of hours absent for the day(s)/week(s) clearly indicated on the right. **This form must be submitted immediately on your return from an absence.** Submit a form for each type of absence, i.e., sick leave, annual leave, etc., and only one form per occurrence, i.e., number of days of annual leave, sick leave, etc.

| DATE (s) | HOURS TAKEN |
|----------|-------------|
|          |             |
|          |             |

Charge absence to:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Annual Leave      | <input type="checkbox"/> Sick Leave (documentation, if required)<br>Related to an injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Emergency Annual Leave<br>Reason: _____ |
| <input type="checkbox"/> Family Sick Leave | <input type="checkbox"/> Leave without Pay   | _____  |
| <input type="checkbox"/> Leave with Pay    | <input type="checkbox"/> Comp Time Taken   | _____  |

If Leave with Pay, specify type (jury duty, bereavement, training, etc.) and attach documentation \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Manager/Supervisor