

MONTHLY ABSENCE REPORT FOR EXEMPT PERSONNEL

EMPLOYEE: _____ MONTH AND YEAR: _____ DIVISION / AREA: _____

Partial days are to be posted separately, clearly indicating the number of hours absent on that date.

ANNUAL LEAVE TAKEN THIS MONTH:

Total

Date(s)												
Hours												

SICK LEAVE TAKEN THIS MONTH:

Total

Date(s)												
Hours												

FAMILY SICK LEAVE TAKEN THIS MONTH:

Total

Date(s)												
Hours												

OTHER PAID LEAVE TAKEN THIS MONTH:

Total

Date(s)												
Hours												

Type of Leave with Pay _____

Type of Leave with Pay _____

Signature of Employee: _____

Date: _____

Signature of Manager: _____

Date: _____

Signature of Associate Director: _____

Date: _____