



CENTRAL MICHIGAN

# ABSENCE REPORT

Employee's Name .....  
(Last) (First)

Department or Location ..... Time Card or Payroll Number .....

..... Last Day Worked ..... Date Called In ..... Approx. Return Date .....

Absence Called in By ..... Time .....

Absence Reported To .....  
(Name)

If Hospitalized, Name of Hospital .....

### REASON FOR ABSENCE

Absence (Miscl.)	Jury Duty	Tardy	
Accident	Leave of Absence	Vacation	
Funeral	Personal Business	Suspension	
Holiday	Sickness	Other (Explain below)	

COMMENTS: .....  
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Date And Initial Below  
After Posting Information

Signature of Supervisor or Person Filling Out  
This Report

Business Office		
Personnel Dept.		

Date .....