

# HR TEMPORARY EMPLOYMENT ABSENCE REPORT

Employee Name \_\_\_\_\_

Person ID # \_\_\_\_\_ Department \_\_\_\_\_

First Date Absent \_\_\_\_\_ Last Date Absent \_\_\_\_\_

Number of work hours absent \_\_\_\_\_

**Reason for Absence:**

- |   |   |
|---|---|
| <input type="checkbox"/> Illness                                      | <input type="checkbox"/> Family Emergency |
| <input type="checkbox"/> Personal                                     | <input type="checkbox"/> Accident on job  |
| <input type="checkbox"/> Medical Appt. (attach any<br>doctor's notes) | <input type="checkbox"/> Other (explain)  |

Explanation (use back if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

-----**SUPERVISOR SECTION**-----

**Absence was:**

- |                              |                                  |                                      |
|------------------------------|----------------------------------|--------------------------------------|
| Pre-Approved                 | <input type="checkbox"/> Yes     | <input type="checkbox"/> No          |
| Reported on First Day Absent | <input type="checkbox"/> Yes     | <input type="checkbox"/> No          |
| Considered by Supervisor as  | <input type="checkbox"/> Excused | <input type="checkbox"/> Not Excused |

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Keep a copy for your dept. records and send or fax the completed form to:**

HR Temporary Employment  
103 Scovell Hall, 0064  
Phone: (859) 257-3330  
Fax: (869) 257-7464