

AUDIT:

ABSENCE REPORT

EMPLOYEE NAME				EMPLOYEE #	
DEPARTMENT				DAYS OR HOURS ABSENT	
LAST DAY WORKED	TIME	AM PM	DAY RETURNED	TIME	AM PM

REASON FOR ABSENCE (Check Appropriate Reason)

<input type="checkbox"/>	AJ	Accident-Job Related	<input type="checkbox"/>	M	Military Leave With Pay	<input type="checkbox"/>	T	Transportation Difficulty
<input type="checkbox"/>	AN	Accident-Non Job Related	<input type="checkbox"/>	MA	Marriage Leave With Pay	<input type="checkbox"/>	U	Unadvised Leave
<input type="checkbox"/>	P	Personal Illness	<input type="checkbox"/>	LN	Leave Without Pay/Non-Illness	<input type="checkbox"/>	B	Bank Business
<input type="checkbox"/>	ME	Dr. Appointment/Medical Exam	<input type="checkbox"/>	F	Family Death	<input type="checkbox"/>	V	Vacation
<input type="checkbox"/>	LW	Leave Without Pay-Illness	<input type="checkbox"/>	PL	Personal Leave	<input type="checkbox"/>	L	Late
<input type="checkbox"/>	J	Jury Duty	<input type="checkbox"/>	FI	Family Illness	<input type="checkbox"/>	S	Bank Seminar

REPORTED ABSENCE TO	DATE	HOUR	METHOD OF REPORTING ABSENCE

THIS ABSENCE SATISFIES REQUIRED REGULATIONS FOR CONTINUOUS ABSENCE

REASON FOR ABSENCE EXPLAINED (AS REQUIRED):

I certify the above to be true.

DATE	EMPLOYEE SIGNATURE
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EXCUSED
 UNEXCUSED
 EXCUSED WITHOUT PAY

DATE	SUPERVISOR SIGNATURE
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RECORDED BY

DATE	PERSONNEL DEPARTMENT
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