



Monthly Departmental Employee Absence Report

(This report is due to the Employment & Benefits Office by the 1st of the Month)

MONTH/YEAR: _____

Employee Name: _____

Employee ID #: _____

<u>Type of Leave</u>	<u>Date (mm/dd)</u>	<u>Begin Time</u>	<u>Ending Time</u>	<u>Hours</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL HOURS _____

Employee: _____ Date: _____

Supervisor: _____ Date: _____

NOTE: Annual leave must be pre-approved by the employee's department head or director and be for a period which is mutually agreed to by the employee and his/her supervisor.