



## Monthly Departmental Employee Absence Report

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

MONTH/YEAR: \_\_\_\_\_

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

Employee ID #: \_\_\_\_\_

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