Employee Absence Record Form

1. Employee Details	5			
• Full Name: _				
	:			
Department:				
2. Absence Informa	ition			
Type of Abse	ence:			
☐ Sick Leave				
☐ Personal I	_eave			
☐ Vacation Leave				
\square Other (Spe	ecify):			
 Start Date of 	Absence:			
End Date of Absence:				
Total Days A	bsent:			
3. Reason for Abse	nce			
Provide a brief explanation:				
4. Manager Approv	al			
Date Submitted	Manager Name	Approved/Denied	Comments	

5. Employee Declaration I confirm that the information provided is accurate to the best of my knowledge.				
Employee Signature:	Date:			