

# Staff Absence Form for Work

## Employee Information

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

Department: \_\_\_\_\_

Position: \_\_\_\_\_

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

## Absence Details

Reason for Absence (Check one):

Sick Leave

Personal Leave

Bereavement Leave

Jury Duty

Maternity/Paternity Leave

Other: \_\_\_\_\_

Start Date of Absence: \_\_\_\_\_

Expected Return Date: \_\_\_\_\_

Total Days Absent: \_\_\_\_\_

## Supporting Documentation

Doctor's Note

Court Summons

Other Supporting Documents: \_\_\_\_\_

## Supervisor Approval

Manager Name: \_\_\_\_\_

Approval Status (Check one):

Approved

Denied

**Manager Comments:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Acknowledgment**

**I confirm that the information provided above is accurate.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_