

# Staff Absence Record Form

## Employee Information

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

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

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

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

Supervisor's Name: \_\_\_\_\_

## Absence Details

Type of Absence (Check one):

Sick Leave

Vacation Leave

Personal Leave

Family Emergency

Unpaid Leave

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

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

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

Reason for Absence:

\_\_\_\_\_

Alternative Contact During Absence:

\_\_\_\_\_

## Absence Record Table

Date of Absence	Employee Name	Department	Reason for Absence	Approved By
			<input type="checkbox"/> Sick <input type="checkbox"/> Vacation <input type="checkbox"/> Personal <input type="checkbox"/> Emergency	
			<input type="checkbox"/> Sick <input type="checkbox"/> Vacation <input type="checkbox"/> Personal <input type="checkbox"/> Emergency	
			<input type="checkbox"/> Sick <input type="checkbox"/> Vacation <input type="checkbox"/> Personal <input type="checkbox"/> Emergency	
			<input type="checkbox"/> Sick <input type="checkbox"/> Vacation <input type="checkbox"/> Personal <input type="checkbox"/> Emergency	
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_____	_____	_____	<input type="checkbox"/> Sick <input type="checkbox"/> <input type="checkbox"/> Vacation <input type="checkbox"/> <input type="checkbox"/> Personal <input type="checkbox"/> <input type="checkbox"/> Emergency	_____
_____	_____	_____	<input type="checkbox"/> Sick <input type="checkbox"/> <input type="checkbox"/> Vacation <input type="checkbox"/> <input type="checkbox"/> Personal <input type="checkbox"/> <input type="checkbox"/> Emergency	_____

**Manager's Review**

**Supervisor's Name:** \_\_\_\_\_

**Approval Status:**  Approved  Denied

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

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Acknowledgment**

I confirm that the information provided above is accurate and that I have followed the company's leave policy.

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