

# United Church of Christ Absence Report

Employee Name \_\_\_\_\_  
LAST FIRST MIDDLE

Ministry Team \_\_\_\_\_

List Date(s) Absent \_\_\_\_\_  
\_\_\_\_\_

Absence Reported      Employee      Supervisor  
Was notification of absence received in a timely fashion?      Yes      No

## Reason for Absence

Accident on the job	Illness - Self	Leave of Absence	Suspension
Accident off the job	Illness - Family	Medical Appointment	Tardy/Leave Early
Death in Family	Jury Duty	Personal Day	Unexcused
Educational	Family Medical*	Military Leave	Vacation

## Time Charged

Sick hours \_\_\_\_\_ Vacation hours \_\_\_\_\_ Personal hours \_\_\_\_\_ Unpaid \_\_\_\_\_

*\*Employee requesting Family Medical Leave must see Human Resources to determine eligibility, and to receive proper documentation prior to leave.*

Reason for absence as explained by employee \_\_\_\_\_

Supervisor Comments \_\_\_\_\_

Signature of Supervisor or Designated Manager \_\_\_\_\_

Date \_\_\_\_\_