

FACULTY/ADMINISTRATORS' REPORT OF ABSENCE

*Forms are to be turned in to the Payroll Department NO LATER than two weeks after absence
If your days fall within two different months please use separate forms*

Administrator's Name: _____ Date: _____ UID#: _____
(Please print)

Please select your classification: ADMINISTRATOR ☐ FACULTY ☐

I was/will be absent on the following date(s)
(MM/DD/YY) _____

For the following reason

☐ Illness/Medical Appointment

☐ Jury Duty (Attach documentation)

☐ Unknown (Unknown absence will result in loss of pay for that date)

Signature of Administrator: _____

Supervisor's Name: _____
(Please print)

Signature of Supervisor: _____ Date: _____