INDIVIDUAL ABSENCE REPORT

FACULTY/PROFESSIONAL PERSONNEL
&
EXEMPT STAFF PERSONNEL

For Period ______________ 16th , 20___
(month)

Through ______________ 15th , 20___
(month)

Fill in this absence report and submit it to the School of Nursing Administrative Coordinator on – or before – the 15th of each month, covering your absences from the 16th of the preceding month through the 15th of the current month.

VARIATIONS FROM THE REGULAR SCHEDULE:

Exact dates of absence
(list each working day by date):

____________________________________

Reason (indicate sick leave, vacation,
or specific other reason):

____________________________________

____________________________________

____________________________________

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____________________________________

I certify the above record is true and correct.

_________________________________ 
Employee’s Signature

_________________________________ 
Employee’s Name

______________________________ 
Date