

ABSENCE FORM

Name _____

Position _____

Church _____ Department (for office staff) _____

First Date Absent _____ Expected Return Date _____

Reason(s) for Absence:

_____ Away From Assigned District(s)

(Not a substitute for Vacation Time)

_____ Illness

_____ Death in Family

_____ Other

_____ Family Medical Leave Act

_____ Jury Duty

_____ Workmen's Compensation

_____ Non-Paid Leave of Absence

Explanation _____

Employee's Signature

_____/_____/_____

Date

Was Absence:

Expected in Advance?

_____ Yes

_____ No

Reported before or on the first date absent?

_____ Yes

_____ No

Considered by Supervisor as

_____ Excused

_____ Unexcused

_____/_____/_____

Signature Of Departmental Director(s) (for office staff)

_____/_____/_____

Date

APPROVAL

Signature of Executive Secretary / Human Resources Director

_____/_____/_____

Date