



SOUTHEASTERN CONFERENCE OF SDA
ABSENCE FORM

NAME (Print): _____
POSITION: _____
CHURCH: _____
DEPARTMENT (*For Office Staff*): _____

**FIRST DATE OF ABSENCE
FROM WORK:**

**EXPECTED RETURN
TO WORK DATE:**

REASON(S) FOR ABSENCE:

- | | |
|---|---|
| <input type="checkbox"/> AWAY FROM ASSIGNED DISTRICT(S) <small>(NOT A SUBSTITUTE FOR VACATION TIME)</small> | <input type="checkbox"/> FAMILY MEDICAL LEAVE ACT |
| <input type="checkbox"/> ILLNESS | <input type="checkbox"/> JURY DUTY |
| <input type="checkbox"/> DEATH IN FAMILY | <input type="checkbox"/> WORKMEN'S COMPENSATION |
| <input type="checkbox"/> OTHER (EXPLAIN BELOW) | <input type="checkbox"/> NON-PAID LEAVE OF ABSENCE |

EXPLANATION: _____

EMPLOYEE'S SIGNATURE

DATE

FOR DEPARTMENTAL DIRECTORS ONLY

(FOR OFFICE STAFF)

WAS ABSENCE...

EXPECTED IN ADVANCE?

 YES NO

REPORTED BEFORE OR ON THE FIRST DATE OF ABSENCE?

 YES NO

CONSIDERED BY SUPERVISOR AS...

 EXCUSED UNEXCUSED

DEPARTMENTAL DIRECTOR (FOR OFFICE STAFF)

DATE

APPROVAL (OFFICE OF SECRETARIAT ONLY)

EXECUTIVE SECRETARY / HUMAN RESOURCES DIRECTOR

DATE