

ABSENTEE REPORT

**Divine Word College
Epworth, Iowa 52045**

Employee's Name: _____

Date: _____

Department: _____

Please indicate your absence in number of hours:

Sick Leave: _____ hours Date(s): _____

Vacation: _____ hours Date(s): _____

Funeral: _____ hours Date(s): _____

Jury Duty: _____ hours Date(s): _____

Payroll Ded.: _____ hours Date(s): _____

Other: _____ hours Date(s): _____

Attendance at Seminar/Workshop: _____
(Name of Seminar)

Location of Seminar/Workshop: _____ Date: _____

Employee Signature: _____

Approved by: _____
(Supervisor)

FOR OFFICE USE ONLY
Type: _____ Hours Used: _____ Hours Remaining: _____