

CALUMET COLLEGE OF ST. JOSEPH

ABSENCE REPORT

NAME: _____ **DEPARTMENT:** _____

First Date Absent: _____ Expected Return Date: _____ Total # of days taken _____

Reason for Absence:

_____ Illness	_____ Family Medical Leave
_____ Vacation	_____ Holiday
_____ Family Death	_____ Jury Duty
_____ Leave without Pay	_____ Suspension
_____ Accident on the Job	_____ Personal/Mentor
_____ Volunteer Time	

The College requires a release to return to work from an employee's physician if any employee is off work for three (3) consecutive days.

Explanation, if necessary: _____

Was Absence:

Expected in Advance	_____ Yes	_____ No
Reported on First Day Absent	_____ Yes	_____ No
Considered under FMLA	_____ Yes	_____ No

Date: _____ Prepared by: _____

Date: _____ Approved by Supervisor: _____

Note to supervisor: Forward the original to the Payroll Office and keep a copy for your file.