

CALUMET COLLEGE OF ST. JOSEPH

ABSENCE REPORT

NAME: _____ **DEPARTMENT:** _____

First Date Absent: _____ Expected Return Date: _____

Reason for Absence:

| | |
|---------------------------|----------------------------|
| _____ Illness | _____ Family Medical Leave |
| _____ Vacation | _____ Holiday |
| _____ Family Death | _____ Jury Duty |
| _____ Leave without Pay | _____ Suspension |
| _____ Accident on the Job | |

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.