



## MONTHLY ABSENTEE REPORT

### Employee Information (All fields are required)

Name (Last, First, MI) _____	Campus-Wide ID _____
Department _____	Extension _____
FTE _____	<b>Pay Period:</b> Pay _____ Thru _____

DESCRIPTION	CODE	DATE ABSENT	TOTAL HOURS
Vacation With Pay	MVA		
Vacation Without Pay	MVN		
Sick With Pay	MSL		
Sick Without Pay	MSN		
Sick With Child	MSC		
Sick With Family	MSF		
Jury Duty	MJU		
Funeral Relatives	MFU		
Personal Business	MPE		
Floating Holiday	MFH		
TOTAL No. OF DAYS ABSENT ("None" if no reported absences)			

### For Office Use Only

Campus-Wide ID _____	Pay Period ID _____	Employee Record _____
Earning Code _____	Total Hours _____	
Earning Code _____	Total Hours _____	
Earning Code _____	Total Hours _____	
Earning Code _____	Total Hours _____	
Earning Code _____	Total Hours _____	

Employee (Signature) _____	Print Name _____	Date _____	Extension _____
----------------------------	------------------	------------	-----------------

Supervisor (Signature) _____	Print Name _____	Date _____	Extension _____
------------------------------	------------------	------------	-----------------