



# Absence Report Form

Employees (*permanent employees or employees with contract for 912 hours or greater*) are required to complete this form and submit to their supervisor by the end of the month in which the absence occurred.

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Month:			Year:		
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

**Sick Leave** (*Eligibility for sick leave - Permanent employee or temporary employee with a contract of 912 hours or greater*)

Description	Code ( <i>indicate code in calendar above</i> )
Sick	SL

**Special Leave** (*Eligibility for special leave - Permanent ongoing employee*)

Description	Code ( <i>indicate code in calendar above</i> )
Adoption	AD
Bereavement	BL
Family Illness	FI
Household Emergency	HM
Paternity	PR

**Other:** Please indicate any additional days granted by your supervisor other than those described above.

\_\_\_\_\_

**Comments:** (if any)

\_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Supervisor's Signature)