University of Dubuque

Monthly Absence Report

This report must be completed not later than the tenth day of the following month by each staff member on the monthly payroll.

Name _____ SSN _____

Department _____

For the month ending _____ 20 _____

Check one: ___ No absences during month ___ Absences as shown below

ABSENCES

Date	Hours	Reason for Absence*

*Indicate illness, vacation, personal day, funeral, jury duty, leave of absence without pay, etc.

This is a complete record of my absences, if any, for the period indicated.

_____ _____
Signature of employee Date

_____ _____
Signature of supervisor Date