

ABSENCE REPORT

This Absence Report is not to be used for vacation request or approval. If you are requesting a short term or extended leave of absence, you may be required to provide EBMC with additional information to be attached to this form.

Employee's Name

Date

Employee's Employment Location

First Date of Absence

Expected Date of Return

Reason for Absence:

- ☐ Illness
- ☐ Family Death
- ☐ Accident on the Job
- ☐ Suspension

- ☐ Maternity/Paternity
- ☐ Jury Duty
- ☐ Leave Without Pay
- ☐ Other

Explanation if required:

Was Absence:

Expected in Advance

☐ Yes

☐ No

Reported on First Date Absent

☐ Yes

☐ No

Considered by Supervisor as

☐ Excused

☐ Not Excused

Prepared by

Date

Approved by

Date

