

EMPLOYEE INFORMATION

Name

Employee I.D.

DATE(S)

Time off is recorded in increments of 8 hours.

(S) Sick

(PL) Parent Leave

(U) Unapproved Absence (Unpaid)

(V) Vacation

(C) Work Related Injury or Illness

(J) Jury/Witness

(B) Bereavement

(D) Disability (Not Work Related)

(PH) Personal Holiday

<input type="text"/>	<input type="text"/>	Type of Absence:	<input type="text"/>
From	To		

<input type="text"/>	<input type="text"/>	Type of Absence:	<input type="text"/>
From	To		

<input type="text"/>	<input type="text"/>	Type of Absence:	<input type="text"/>
From	To		

<input type="text"/>	<input type="text"/>	Type of Absence:	<input type="text"/>
From	To		

<input type="text"/>	<input type="text"/>	Type of Absence:	<input type="text"/>
From	To		

<input type="text"/>	<input type="text"/>	Type of Absence:	<input type="text"/>
From	To		

SIGNATURES

<input type="text"/>	<input type="text"/>
Employee	Date

<input type="text"/>	<input type="text"/>
Supervisor	Date

Note: Submit completed form to Foundation Payroll for processing.