

ABSENTEE REPORT

Divine Word College  
Epworth, Iowa 52045

Employee's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Please indicate your absence in number of hours:

3 7 2: \_\_\_\_\_ hours Date(s): \_\_\_\_\_

Vacation: \_\_\_\_\_ hours Date(s): \_\_\_\_\_

Funeral: \_\_\_\_\_ hours Date(s): \_\_\_\_\_

Jury Duty: \_\_\_\_\_ hours Date(s): \_\_\_\_\_

Payroll Ded.: \_\_\_\_\_ hours Date(s): \_\_\_\_\_

Other: \_\_\_\_\_ hours Date(s): \_\_\_\_\_

Attendance at Seminar/Workshop: \_\_\_\_\_

(Name of Seminar)

Location of Seminar/Workshop: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_

(Supervisor)

FOR OFFICE USE ONLY

Type: \_\_\_\_\_ Hours Used: \_\_\_\_\_ Hours Remaining: \_\_\_\_\_