

**Monthly Absence Report  
Exempt Employees**

Employee Name \_\_\_\_\_ ID # \_\_\_\_\_

Department \_\_\_\_\_ Phone Ext. # \_\_\_\_\_

Month/Year \_\_\_\_\_

Absence Codes	
P – Personal Day	S – Sick
O – Other (please note reason)	V – Vacation

**Please report your absences in half days or whole days  
Example: V ½ or V 1**

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

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

*Forward to the Office for Human Resources by the 15<sup>th</sup> of the following month.*