

Absences Report Fiscal Year 21-22

Month

Employee Name _____

Employee ID Number [REDACTED]

<u>Date</u>	<u>Reason – Sick, Personal, Vacation, Jury Duty, Military Leave, PD</u>
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EXAMPLE

10/01/2021	Sick -3 ½ hours
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My signature certifies that the above information is true and correct and can be used to meet the leave reporting requirements for ADE.

[illegible]

Employee Signature	Date	Supervisor Signature	Date
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