

Absence From Duty Report

Employee:

Campus:

Cause of Absence:

Date(s) of Absence:

No. of Days:

Employee Signature



State Leave: Days

Local Leave: Days

Personal illness _____

Sick Leave _____

Death in Family _____

Personal Leave _____

Other _____

Total State _____

Total Local _____

Name of Substitute:

Date(s)

Comments:

