

EMPLOYEE ABSENCE/LATE/EARLY QUIT REPORT

EMPLOYEE INFORMATION

NAME:		DATE:
EMPLOYEE NUMBER:	DEPARTMENT:	
PHONE:	SHIFT:	

<input type="checkbox"/> LATE ARRIVAL	ARRIVAL TIME
<input type="checkbox"/> EARLY QUIT	DEPARTURE TIME
<input type="checkbox"/> ABSENCE	LAST DAY WORKED

<input type="checkbox"/> ACCIDENT ON JOB	<input type="checkbox"/> ILLNESS - SELF	<input type="checkbox"/> SUSPENSION
<input type="checkbox"/> ACCIDENT OFF JOB	<input type="checkbox"/> JURY DUTY	<input type="checkbox"/> VACATION
<input type="checkbox"/> DEATH IN FAMILY	<input type="checkbox"/> ABSENCE EXTENDED	<input type="checkbox"/> PERSONAL
<input type="checkbox"/> FAMILY BUSINESS	<input type="checkbox"/> LEAVE OF ABSENCE	<input type="checkbox"/> WEATHER
<input type="checkbox"/> DOCTOR'S APPT.	<input type="checkbox"/> DENTAL APPT.	<input type="checkbox"/> OTHER

FURTHER EXPLANATION

PAYROLL CHANGE	<input type="checkbox"/> DEDUCT PAY	<input type="checkbox"/> MAKE UP TIME	<input type="checkbox"/> NONE
DISCIPLINARY ACTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EXPLAIN:			

SUPERVISOR'S SIGNATURE: _____ DATE: _____

AFTER COMPLETION, THIS FORM MUST BE TREATED AS A CONFIDENTIAL DOCUMENT IF IT CONTAINS ANY INFORMATION ON A MEDICAL CONDITION OR HISTORY, AND MUST BE MAINTAINED IN A SEPARATE FILE.