University of Dubuque

Monthly Absence Report

This report must be completed not later than the tenth day of the following month by each
staff member on the monthly payroll.

Name_____

Department

For the month ending _____ 20 ____

Check one: _____ No absences during month _____ Absences as shown below

ABSENCES

Date	Hours	Reason for Absence*

*Indicate illness, vacation, personal day, funeral, jury duty, leave of absence without pay, etc.

This is a complete record of my absences, if any, for the period indicated.

Signature of employee

Date

Signature of supervisor