Clayton State University
ABSENCE REPORT FORM

Name: _____ **Dept.:** _____ **Empl ID:** _____

Month/Year _____

1	**2**	**3**	**4**	**5**	**6**	**7**
8	**9**	**10**	**11**	**12**	**13**	**14**
15	**16**	**17**	**18**	**19**	**20**	**21**
22	**23**	**24**	**25**	**26**	**27**	**28**
29	**30**	**31**		**Category Total** V _____ S _____ C _____	**Category Total** L _____ M _____ O _____	

V – Vacation/Annual Leave **C – Court Duty** **L – Leave Without Pay**
S – Sick Leave **M – Military Leave** **O – Other (describe)** _____

Instructions:

1. The calendar above is used to report leave taken (by date and category) **after the approval of eTime.** Record unreported leave in the calendar date block for the day leave was taken. Specify the type of leave taken by using "S" for sick, "V" for vacation/annual, etc., after the number of hours recorded. ***For example: 8V would indicate 8 hours of vacation leave taken.***
2. Complete the "Category Totals" section indicating total hours taken for each leave category.
3. Sign report and transmit to section, division or department office for verification and approval.
4. Forward original forms to the Payroll Office by the 5th of the month following the reporting period.

I CERTIFY THAT THIS TIME IS ACCURATELY AND PROPERLY REPORTED:

_____ _____

Employee Signature **Date** **Dept. Head, Manager, or Supervisor Signature** **Date**

Revised February 2012