REV 3/06

PAY PERIOD

IDAHO STATE UNIVERSITY
NON-CLASSIFIED EMPLOYEE*
ABSENCE REPORT

From _____ Name _____

Thru _____ Social Security # _____

Pay Date _____ Department _____

Were you absent from work during this bi-weekly period?

NO ☐ Check the box and sign below.

YES ☐ Check the box, record the hours absent for each work day on the appropriate line, and sign below.

< < < < < < < < < < < < < < < < < < < < DAY >

SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	TOTALS	
														0.0	SICK LEAVE USED
														0.0	VACATION LEAVE USED
														0.0	OTHER ABSENCES
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	DAILY TOTAL

EXPLAIN ALL "OTHER ABSENCES" ABOVE. (Example: Holiday, Doctor Appointment, Etc.)

* Non-classified employee is any person (excluding faculty with a 9, 10, or 11 month contract) appointed to or holding a position at Idaho State University whose position is not subject to provisions of the Idaho Personnel Commission concerning the merit examination, selection, retention, promotion and dismissal requirements as provided under Title 67, Chapter 53, Idaho State Code.

I hereby certify the record of hours absent for each work day as set forth above is true and accurate.

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE (Optional)