

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 >>>>>>>>>>>>>>>>>>>>>>

															TOTALS	
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT			SICK LEAVE USED
																VACATION LEAVE USED
																OTHER ABSENCES
																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)