

King's College Absence Report for Hourly Employees

Name: _____

Employee ID # _____

Please complete all appropriate sections for absences. If you are currently utilizing the Family Medical Leave Policy and have completed the corresponding paperwork you need to check the "FMLA box" for the absence to be recorded correctly.

Vacation				Personal				Mission/Community Service <small>(Advanced written approval of supervisor and HR)</small>				Worker's Compensation			
Date	Hours			Date	Hours			Date	Hours			Date	FMLA		
1				1				1				1	Yes		
2				2				2				2	Yes		
3				3				3				3	Yes		
4				4				4				4	Yes		
5								5				5	Yes		
				Jury Duty								6	Yes		
				Date	Hours	Floating Holiday				7	Yes				
				1						8	Yes				
				2		Date					9	Yes			
				3						10	Yes				
Sick Day Employee				Sick Day Family				Summer Hours				Funeral Leave			
Date	Hours	FMLA		Date	Hours	FMLA		Date	Hours		Date	Hours			
		<input type="checkbox"/>				<input type="checkbox"/>							<input type="checkbox"/>	Spouse	
		<input type="checkbox"/>				<input type="checkbox"/>							<input type="checkbox"/>	Mother/Father	
		<input type="checkbox"/>				<input type="checkbox"/>							<input type="checkbox"/>	Brother/Sister	
		<input type="checkbox"/>				<input type="checkbox"/>							<input type="checkbox"/>	Son/Daughter	
		<input type="checkbox"/>				<input type="checkbox"/>							<input type="checkbox"/>	Stepchild	
		<input type="checkbox"/>				<input type="checkbox"/>							<input type="checkbox"/>	Mother/Father in-law	
		<input type="checkbox"/>				<input type="checkbox"/>					<input type="checkbox"/>	Aunt/Uncle*	<input type="checkbox"/>	Son/Daughter in-law	
		<input type="checkbox"/>				<input type="checkbox"/>					<input type="checkbox"/>	Niece/Nephew	<input type="checkbox"/>	Brother/Sister in-law	
		<input type="checkbox"/>				<input type="checkbox"/>						*One day	<input type="checkbox"/>	Member of your household	
		<input type="checkbox"/>				<input type="checkbox"/>							<input type="checkbox"/>	Grandchild/Grandparent	

Employee Signature: _____

Supervisor Signature: _____