

EMPLOYEE'S ABSENTEE REPORT

DATE	TIME REC'D.
	A.M. P.M.
NAME	EMPLOYEE No.
ADDRESS	
RECEIVED BY	PERSONNEL DEPT.
PROBABLE No. DAYS ABSENT	PROBABLE DATE OF RETURN
REPORT PHONED TO	TIME BY
REASON SENT HOME	

REPORTED BY	REPORTED THRU	REASON	
SPOUSE <input type="checkbox"/>	PHONE <input type="checkbox"/>	SICK <input type="checkbox"/>	ILLNESS IN FAMILY <input type="checkbox"/>
OTHER RELATIVE <input type="checkbox"/>	FAX <input type="checkbox"/>	INJURY IN PLANT <input type="checkbox"/>	OUTSIDE INJURY <input type="checkbox"/>
SELF <input type="checkbox"/>	LETTER <input type="checkbox"/>	TRANSPORTATION <input type="checkbox"/>	DEATH IN FAMILY <input type="checkbox"/>
FRIEND <input type="checkbox"/>	ADVISED FOREMAN <input type="checkbox"/>	JURY DUTY <input type="checkbox"/>	MILITARY DUTY <input type="checkbox"/>
FOREMAN <input type="checkbox"/>	OTHER EMPLOYEE <input type="checkbox"/>	OTHER	

COMMENTS:

SIGNATURE _____