



ABSENCE RECORD

(except absence due to illness)

To: PAYROLL SERVICES

Date: \_\_\_\_\_

From: \_\_\_\_\_
EMPLOYEE'S NAME (PRINT)

Amendment checkbox and instructions: (Please check when amending original submission and re-submit to Payroll Services along with a copy of the original Absence Record.)

EMPLOYEE ID NUMBER

Table with columns: Vacation, Compressed Day\*, Overtime Bank, Gratuity Credits, DATES (FROM, TO), # of Hrs., # of Days

Employee's Signature box with instructions: \* Please record each "Comp Day" on a separate line. \*\* Full time employees on a compressed work schedule should note that their hours for a full day are 7.75.

Supervisor, Division/Department Chair or Faculty Member box with instructions: Please sign and deliver: original to Payroll Services prior to Payroll deadline for above dates

Revised: December 17, 2008 College Services



ABSENCE RECORD

(except absence due to illness)

To: PAYROLL SERVICES

Date: \_\_\_\_\_

From: \_\_\_\_\_
EMPLOYEE'S NAME (PRINT)

Amendment checkbox and instructions: (Please check when amending original submission and re-submit to Payroll Services along with a copy of the original Absence Record.)

EMPLOYEE ID NUMBER

Table with columns: Vacation, Compressed Day\*, Overtime Bank, Gratuity Credits, DATES (FROM, TO), # of Hrs., # of Days

Employee's Signature box with instructions: \* Please record each "Comp Day" on a separate line. \*\* Full time employees on a compressed work schedule should note that their hours for a full day are 7.75.

Supervisor, Division/Department Chair or Faculty Member box with instructions: Please sign and deliver: original to Payroll Services prior to Payroll deadline for above dates

Revised: December 17, 2008 College Services