



Name of Employee _____ ID# _____

REASON FOR ABSENCE	No. of Hours	Date(s)
<input type="checkbox"/> Floating Holiday	_____	_____
<input type="checkbox"/> Earned Vacation	_____	_____
<input type="checkbox"/> Death in Family (Attach Satisfactory Verification)	_____	_____
<input type="checkbox"/> Sickness (Attach Physician's Statement if more than 5 days)	_____	_____
<input type="checkbox"/> CA Paid Sick Leave	_____	_____
<input type="checkbox"/> FMLA	_____	_____
<input type="checkbox"/> Kin Care	_____	_____
<input type="checkbox"/> Unpaid Leave	_____	_____
<input type="checkbox"/> Other:	_____	_____

Reason: _____

Are you filing for any pay through Employment Development Department (EDD)? Yes No

Total No. of Working Hours **WITH** Pay _____

Total No. of Working Hours **WITHOUT** Pay _____

Date Returning to Work: _____

Regular Scheduled Days Off: Sun. Mon. Tue. Wed. Thur. Fri. Sat.
Please Circle Days Off

Employee's Signature: _____ Date: _____

Supervisor's Approval: _____ Date: _____

Recorded By: _____ Date: _____

Personnel Original (White)
Employee's Copy (Canary)