

ABSENTEE REPORT

Employee Name: _____ Social Security #: _____
(Last) (First) (MI)

Client Company: _____ Client #: _____

Dates of Absence: _____ To: _____

The above named employee was absent from work: _____ Full Day _____ Hour(s) _____

The above named employee was late to work: _____ Minutes _____ Hours

Check reason for absenteeism:

___ Illness (Self) (Family)

___ Bereavement

___ Vacation _____ Number of Days

___ Holiday


___ Other: _____

Absence was: ___ Excused ___ Not Excused

Remarks:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

 Number of sick days available: _____

Number of vacation days available: _____

-----COMPLETE AND SUBMIT THIS FORM TO ELITE PAYROLL SOLUTIONS-----