Adriana's Insurance ABSENT REPORT

EMPLOYEE'S NAME:
DEPARTMENT:
REASON:
 □ Accident on duty. □ Accident off duty. □ No Show □ Tardy □ Late Return From Lunch □ Doctor/Dentist appointment □ Sick □ Death in family □ Other:
☐ Unexcused ☐ Excused
□ Offexcused □ Excused
COMMENTS:
SUPERVISOR'S SIGNATURE:
DATE:
TIME:
HUMAN RESOURCES SIGNATURE:
DATE:
TIME: