

# King's College Absence Report for Hourly Employees

Name: \_\_\_\_\_

Employee ID # \_\_\_\_\_

Please complete all appropriate sections for absences. If you are currently utilizing the Family Medical Leave Policy and have completed the corresponding paperwork you need to check the "FMLA box" for the absence to be recorded correctly. For complete guidelines on each respective leave category please refer to the Personnel Policies Manual which can be found at [http://departments.kings.edu/hr/perpol\\_manual.html](http://departments.kings.edu/hr/perpol_manual.html). All College policies on the web site are the most current and supersede any other forms of this manual. **Time off is to be reported in FULL HOUR increments.**

Vacation	
Date	Hours
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____

Personal	
Date	Hours
1 _____	_____
2 _____	_____
3 _____	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____

Mission/Community Service	
(Advanced written approval of supervisor and HR)	
Date	Hours
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

Worker's Compensation	
Date	FMLA
1 _____	Yes
2 _____	Yes
3 _____	Yes
4 _____	Yes
5 _____	Yes
6 _____	Yes
7 _____	Yes
8 _____	Yes
9 _____	Yes
10 _____	Yes

Sick Day Employee			Sick Day Family			Funeral Leave		
Date	Hours	FMLA	Date	Hours	FMLA	Date	Hours	
1 _____	_____	<input type="checkbox"/>	1 _____	_____	<input type="checkbox"/>	1 _____	_____	<input type="checkbox"/> Spouse
2 _____	_____	<input type="checkbox"/>	2 _____	_____	<input type="checkbox"/>	2 _____	_____	<input type="checkbox"/> Mother/Father
3 _____	_____	<input type="checkbox"/>	3 _____	_____	<input type="checkbox"/>	3 _____	_____	<input type="checkbox"/> Brother/Sister
4 _____	_____	<input type="checkbox"/>	4 _____	_____	<input type="checkbox"/>			<input type="checkbox"/> Son/Daughter
5 _____	_____	<input type="checkbox"/>	5 _____	_____	<input type="checkbox"/>			<input type="checkbox"/> Stepchild
6 _____	_____	<input type="checkbox"/>	6 _____	_____	<input type="checkbox"/>			<input type="checkbox"/> Mother/Father in-law
7 _____	_____	<input type="checkbox"/>	7 _____	_____	<input type="checkbox"/>	<input type="checkbox"/> Aunt/Uncle*		<input type="checkbox"/> Son/Daughter in-law
8 _____	_____	<input type="checkbox"/>	8 _____	_____	<input type="checkbox"/>	<input type="checkbox"/> Niece/Nephew*		<input type="checkbox"/> Brother/Sister in-law
9 _____	_____	<input type="checkbox"/>	9 _____	_____	<input type="checkbox"/>	*One day		<input type="checkbox"/> Member of your household
10 _____	_____	<input type="checkbox"/>	10 _____	_____	<input type="checkbox"/>			<input type="checkbox"/> Grandchild/Grandparent

Employee Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_