

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 Employee Handbook which can be found on the Human Resources webpage. 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			Personal			Mission/Community Service			Worker's Compensation		
						<small>(Advanced written approval of supervisor and HR)</small>					
Date	Hours		Date	Hours		Date	Hours		Date	FMLA	
1			1			1			1	Yes	
2			2			2			2	Yes	
3			3			3			3	Yes	
4			4			4			4	Yes	
5			Jury Duty			5			5	Yes	
6									6	Yes	
7									7	Yes	
8			1						8	Yes	
9			2						9	Yes	
10			3						10	Yes	
Sick Day Employee			Sick Day Family			Summer Hours		Funeral Leave			
Date	Hours	FMLA	Date	Hours	FMLA	Date	Hours	Date	Hours		
		<input type="checkbox"/>			<input type="checkbox"/>					<input type="checkbox"/>	Spouse
		<input type="checkbox"/>			<input type="checkbox"/>					<input type="checkbox"/>	Mother/Father
		<input type="checkbox"/>			<input type="checkbox"/>					<input type="checkbox"/>	Brother/Sister
		<input type="checkbox"/>			<input type="checkbox"/>					<input type="checkbox"/>	Son/Daughter
		<input type="checkbox"/>			<input type="checkbox"/>					<input type="checkbox"/>	Stepchild
		<input type="checkbox"/>			<input type="checkbox"/>					<input type="checkbox"/>	Mother/Father in-law
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	Aunt/Uncle*	<input type="checkbox"/>	Son/Daughter in-law
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	Niece/Nephew	<input type="checkbox"/>	Brother/Sister in-law
		<input type="checkbox"/>			<input type="checkbox"/>				*One day	<input type="checkbox"/>	Member of your household
		<input type="checkbox"/>			<input type="checkbox"/>					<input type="checkbox"/>	Grandchild/Grandparent

Employee Signature: _____

Supervisor Signature: _____