The University of Chicago

Monthly Absence Report

(for Staff on Monthly Payroll)

Name _____

Department _____

For the month ending (month/year) _____

DETAILS OF ABSENCES

Please Indicate: ☐ No absences during month ☐ Absences as detailed below

** Reduce Salary
Full-Day Absences Only

Date	* Explanation of Absence	No	Yes

* Indicate Sick, Vacation, Personal Holiday, Death in the Immediate Family, Jury Service, Leave of Absence without Pay, ** FMLA
** Absences related to FMLA must be recorded/deducted in hours

Signature of Employee **Date**

Approved by _____

Immediate Supervisor **Date**