

HEIDELBERG COLLEGE

ABSENCE REPORT

NAME _____

DEPARTMENT _____

Date(s) Absent _____

Reason for Absence:

- | | | | |
|-----|----------------|-----|-----------------|
| ___ | Illness-Self | ___ | Funeral |
| ___ | Illness-Family | ___ | Dr. appointment |
| ___ | Vacation | ___ | Other (explain) |

SIGNED _____ DATE _____
EMPLOYEE

SIGNED _____ DATE _____
IMMEDIATE SUPERVISOR
(Submit to Business Office 1st of each month)