

CALL-IN ABSENCE REPORT

Name _____ Clock# _____

Dept. _____ Supervisor _____

Length of absence (i.e., 15 min., 1hr., 2 days) _____

Scheduled starting time _____ / _____ a.m./p.m.
date time

Reason for Absence:

- Late/Tardy
- Illness/Injury
- Personal
- Family Death
- Other

Reasons for absence explained _____

Called in by _____

Date _____ Time _____ a.m./p.m.

Report recorded by _____

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