

EAST TEXAS BAPTIST UNIVERSITY  
 ABSENCE REPORT  
 ( FOR EXEMPT EMPLOYEES )

Complete monthly and forward through supervisor to Payroll Office.  
 (Non-exempt employees report absences on time sheet)

Name \_\_\_\_\_

Month \_\_\_\_\_

| Day | Code | # of Hours Absent | Comments |
|-----|------|-------------------|----------|
| 1   |      |                   |          |
| 2   |      |                   |          |
| 3   |      |                   |          |
| 4   |      |                   |          |
| 5   |      |                   |          |
| 6   |      |                   |          |
| 7   |      |                   |          |
| 8   |      |                   |          |
| 9   |      |                   |          |
| 10  |      |                   |          |
| 11  |      |                   |          |
| 12  |      |                   |          |
| 13  |      |                   |          |
| 14  |      |                   |          |
| 15  |      |                   |          |
| 16  |      |                   |          |
| 17  |      |                   |          |
| 18  |      |                   |          |
| 19  |      |                   |          |
| 20  |      |                   |          |
| 21  |      |                   |          |
| 22  |      |                   |          |
| 23  |      |                   |          |
| 24  |      |                   |          |
| 25  |      |                   |          |
| 26  |      |                   |          |
| 27  |      |                   |          |
| 28  |      |                   |          |
| 29  |      |                   |          |
| 30  |      |                   |          |
| 31  |      |                   |          |

| Reason                         | Code | Summary |
|--------------------------------|------|---------|
| Vacation                       | V    | _____   |
| Sickness - Personal            | S    | _____   |
| - Spouse or<br>Dependent Child |      |         |
| - Death in Family              |      |         |
| Personal Business              | P    | _____   |
| Jury Duty                      | J    | _____   |
| Other                          | O    | _____   |
| Total Hours                    |      | _____   |

Employee Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_