

**FAIRBANKS NATIVE ASSOCIATION  
ABSENCE REPORT**

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**Employee Section**

Name of employee \_\_\_\_\_ Department \_\_\_\_\_

Mm/dd/yy Start	Mm/dd/yy End	Hours Absent	Code	Check one
_____	_____			Approved <input type="checkbox"/> or Unapproved <input type="checkbox"/>
_____	_____			Approved <input type="checkbox"/> or Unapproved <input type="checkbox"/>
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_____	_____			Approved <input type="checkbox"/> or Unapproved <input type="checkbox"/>
_____	_____			Approved <input type="checkbox"/> or Unapproved <input type="checkbox"/>
_____	_____			Approved <input type="checkbox"/> or Unapproved <input type="checkbox"/>

(Please do not have form cross pay periods)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Absence (*w/code*):

- Vacation (1)                       Injury on job (6)                       Bereavement (9)\*  
 Sick (illness in family, 2)    Leave without pay (LWOP, 7)    Military duty(10)\*  
 Sick (personal illness, 3)    Jury duty (8)\*                                      \*Refer to policy

Medical Appointment (check one: doctor  4, or dentist  5)

Other (11)

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**Supervisor Section**

Called in by:  Employee                                       Other \_\_\_\_\_  
 (should be in emergency cases only)

Date/Time called in: \_\_\_\_\_

Pick one

Scheduled

and

Pick one

Approved

Unscheduled

Unapproved (not paid)

Late (show # of minutes late) \_\_\_\_\_

Person receiving phone call: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisors Signature \_\_\_\_\_ Date \_\_\_\_\_