

TO: _____
NAME OF SUPERVISOR _____ DEPARTMENT _____

To be prepared in duplicate. Original for Payroll/Personnel records.
Copy for absentee's supervisor.

**PITTSYLVANIA COUNTY
ABSENCE REPORT**

NAME: _____ DATE: _____

LAST DAY WORKED _____ WILL RETURN IN APPROXIMATELY _____ DAYS

PERSON REPORTING ABSENCE _____ PHONE _____

REPORTED TO:	BY PHONE	OTHER MEANS	DATE	HOUR

**REASON FOR ABSENCE
(CHECK APPROPRIATE REASON)**

ACCIDENT ON DUTY		HOLIDAY		SICKNESS - SELF	
ACCIDENT OFF DUTY		JURY DUTY		VACATION	
DISCIPLINE		LEAVE OF ABSENCE		UNEXCUSED ABSENCE	
DEATH IN FAMILY		SICKNESS IN FAMILY		EXCUSED (OTHER)	

NAME OF HOSPITAL _____ NAME OF DOCTOR _____

REASON FOR ABSENCE EXPLAINED (AS REQUIRED)

AUTHORIZED BY: _____ DATE _____

THE ABSENCE REPORT MUST BE SUBMITTED BY THE NEXT SCHEDULED WORKING DAY TO THE DEPARTMENT SUPERVISOR.