



Absence Reporting Form
For Administrative Faculty & Professional Staff

Name: _____ GC ID# _____

Month: _____

Dates Absent: _____

Charged to: (in hours):

_____ Vacation

_____ Sick Leave

_____ Sympathy Leave

_____ Without pay (complete days only) **

** If you are short of benefit hours to cover an absence, you may, under limited circumstances and with supervisory approval, be allowed to take time without pay. This only applies to complete day absences. Salaried employees cannot have pay deducted for partial day absences.

Supervisor

Date

Return to HR office



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