

# Truman State University

## ABSENCE REPORT FORM FOR CONTRACT EMPLOYEES

This is to notify you of the absence of \_\_\_\_\_ Banner ID# \_\_\_\_\_ on the following date(s):

DATE(s) <i>(mm/dd/yy - mm/dd/yy)</i>	# DAYS ABSENT <i>(half or whole day increments)</i>	VACATION/SICK/FUNERAL/OTHER**	PAYROLL USE ONLY
_____ thru _____	_____		
_____ thru _____	_____		
_____ thru _____	_____		
_____ thru _____	_____		
_____ thru _____	_____		

\*\*For funeral – list relationship. For other – provide explanation. Do NOT provide private medical details on this form.

Employee Signature: \_\_\_\_\_ Approval Signature: \_\_\_\_\_

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

**Submit by the 10<sup>th</sup> of the month following the absence.** Forward to Payroll, MC 105, after approval.



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\*\*For funeral – list relationship. For other – provide explanation. Do NOT provide private medical details on this form.

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

**Submit by the 10<sup>th</sup> of the month following the absence.** Retain this copy for your records