

Truman State University

ABSENCE REPORT FORM FOR FACULTY

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>	SICK/FUNERAL**	PAYROLL USE ONLY
_____ thru _____	_____		
_____ thru _____	_____		
_____ thru _____	_____		
_____ thru _____	_____		
_____ thru _____	_____		

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

Employee Signature: _____

Date: _____

Department Chair Signature: _____

Date: _____

Submit in advance if absence is planned; otherwise submit upon return to work. Forward to Payroll, MC 105, after approval.