

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: _____ Supervisor Signature: _____

Date: _____

Submit by the 10th 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 10th of the month following the absence. Retain this copy for your records