

EMPLOYEE ABSENCE REPORT KING WILLIAM COUNTY, VIRGINIA

EMPLOYEE'S NAME: _____

DEPARTMENT: _____

<u>DATE</u>	<u>HOURS</u>	<u>ABSENCE CODE*</u>	<u>REASON FOR ABSENCE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- *ABSENCE CODES:
- S/F Sickness in family
 - S/S Sickness - self
 - V Vacation
 - C Comp Time
 - J Jury duty
 - D Death in family
 - O Other (Explain)

I hereby certify that the above is a complete and accurate record of hours worked and leave taken.

Date

Employee's Signature

Date

Supervisor's Signature