

EMPLOYEE ABSENCE FORM

Company Name: _____ Department: _____

Employee Information:

Full Name: _____

Employee ID: _____

Position/Title: _____

Supervisor: _____

Absence Details:

Type of Absence (e.g., Sick, Vacation, Personal): _____

Date(s) of Absence: _____

Total Number of Days Absent: _____

Reason for Absence:

Employee Certification and Signature:

I certify that the above information is true and accurate to the best of my knowledge. I understand that falsification of any information may result in disciplinary action, up to and including termination. I authorize my supervisor and Human Resources to verify this information if necessary.

Employee Signature: _____

Date: _____

Supervisor Review and Approval:

I have reviewed the above absence and acknowledge that it has been reported in accordance with company policies. I approve this absence and will ensure appropriate coverage during the employee's absence.

Supervisor Signature: _____

Date: _____

Human Resources Acknowledgment:

The absence has been recorded in the employee's personnel file and any applicable leave balances have been adjusted accordingly. Human Resources will provide the employee with any necessary documentation or follow-up information.

HR Representative Signature: _____

Date: _____

LEGAL NOTICE

This form complies with United States employment laws and company policies regarding employee absences. All information provided herein is subject to verification and must be accurate and truthful. Failure to comply with company absence policies or providing false information may result in disciplinary actions, up to and including termination. This form serves as a legally binding document for recording employee absences and may be used in employment-related proceedings.

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

HR REPRESENTATIVE SIGNATURE

Signature: _____ Signature: _____ Signature: _____

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