ABSENTEEISM/ LET OFF FORM

EMPLOYEE NAME: _____

SHIFT ABSENT/ LET OFF _____

DATE_____ TIME_____

PHONE NUMBER TO RETURN CALL _____

PERSON TAKING MESSAGE or approving LET OFF DAYS _____
(DEPARTMENT HEAD or SUPERVISOR)

Reason for Absence/ Let Off:

_____
_____
_____
_____
_____

_____

For Department Head/ Supervisor only

☐ Excused

☐ Unexcused

Was this employee available at the phone number given above?

☐ Yes

☐ No

_____ _____
Signature of Department Head/ Supervisor only Date