

## TVCC EMPLOYEE ABSENCE REPORT

Name \_\_\_\_\_

SS# \_\_\_\_\_

**List Date(s) Absent; Circle Amount of Time Absent (1/2 day/full day), or enter # of hours, and Reason for Absence:**

Vacation, Comp, and Personal Days should be requested in advance. Sick, W/O Pay, and On-the-Job Injury/Return to Work should be completed immediately upon returning to work (employee or supervisor).

____ / ____ / ____	½-day	full-day	____hours	<b>Sick</b>	<b>Vacation</b>	<b>Comp</b>	<b>Personal</b>	<b>W/O Pay</b>	<b>**Injury/Return to Work</b>
____ / ____ / ____	½-day	full-day	____hours	<b>Sick</b>	<b>Vacation</b>	<b>Comp</b>	<b>Personal</b>	<b>W/O Pay</b>	<b>**Injury/Return to Work</b>
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\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Vice President's Signature

**\*\*On-the-job injury:** TVCC must file reports with insurance carrier for each absence and return-to-work within 3 days of employee returning back to work.

PER0059 (R05/06)

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Dean's Signature

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