

## TVCC EMPLOYEE ABSENCE REPORT

Name \_\_\_\_\_

Emp. ID# \_\_\_\_\_

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	Sick	Vacation	Comp	Personal	W/O Pay	**Injury/Return to Work
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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 (R08/10)

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Employee's Signature

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