

TVCC EMPLOYEE ABSENCE REPORT

Name _____

TVIN# _____

Campus: Athens Palestine Terrell Kaufman U) #K

Date _____

List Date(s) Absent; Select Amount of Time Absent (1/2 day/full day), or enter # of hours, and then select 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	Jury Duty	Covid-19	**Injury
____ / ____ / ____	½-day	full-day ____hours	Sick	Vacation	Comp	Personal	Jury Duty	Covid-19	**Injury
____ / ____ / ____	½-day	full-day ____hours	Sick	Vacation	Comp	Personal	Jury Duty	Covid-19	**Injury
____ / ____ / ____	½-day	full-day ____hours	Sick	Vacation	Comp	Personal	Jury Duty	Covid-19	**Injury
____ / ____ / ____	½-day	full-day ____hours	Sick	Vacation	Comp	Personal	Jury Duty	Covid-19	**Injury
____ / ____ / ____	½-day	full-day ____hours	Sick	Vacation	Comp	Personal	Jury Duty	Covid-19	**Injury

Employee's Signature (Type)

Supervisor'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 (10/17)

This form works best with Internet Explorer. 