

UNSCHEDULED ABSENTEE REPORT

UNSCHEDULED ABSENTEE REPORT	
Location:	Date: / /
Employee Name:	Employee No:
Report received by:	
Expected No. of Days Absent:	Expected Date of Return:
Time of Report:	
Reported By: () Self	() Other Relative
() Spouse	() Friend
() Supervisor	() Other:
Reason:	
() Sick	() Illness in family
() Injury on job	() Death in family
() Outside Injury	() Transportation
() Other:	
ACTION TAKEN:	
_____ None *(An explanation is required in the Comments section if no action is taken.)	
_____ Deduct Pay	_____ Make Up Time
_____ Verbal Warning <small>NOTE: A COPY OF THE VERBAL WARNING NOTICE MUST BE ATTACHED TO THE UNSCHEDULED ABSENTEE NOTICE.</small>	_____ 1 st Written Warning <small>NOTE: A COPY OF THE WARNING NOTICE MUST BE ATTACHED TO THE UNSCHEDULED ABSENTEE NOTICE.</small>
_____ 2 nd Written Warning <small>NOTE: A COPY OF THE WARNING NOTICE MUST BE ATTACHED TO THE UNSCHEDULED ABSENTEE NOTICE.</small>	_____ Termination <small>NOTE: COPY OF THE TERMINATION NOTICE MUST BE ATTACHED TO THE UNSCHEDULED ABSENTEE NOTICE.</small>
COMMENTS:	
Signed:	Date Signed: / /
Title:	Employee No:

Note: If any type of warning is given, a copy of the warning notice must be attached to the employee lateness report. If a termination, a copy of the termination notice must be attached.