

UNSCHEDULED ABSENCE FORM



This form must be completed and returned to the office within 24 hours after your return to work.

YOUR NAME (please print)			TODAY'S DATE		
TIME TAKEN (please list each day separately)					
date(s)					
hours					
PTO HOURS					
I choose to: <input type="checkbox"/> make up the hours this week <input type="checkbox"/> use _____ hours of PTO					
ADDITIONAL INFORMATION					
YOUR SIGNATURE					

SIGNATURE OF SUPERVISOR	DATE
NOTES	

