

The University of Toledo

ABSENCE REPORT

White Copy – HR
Yellow Copy – Dept
Pink Copy – Employee

PLEASE PRINT

CHECK STATUS

NAME: Rocket (Last) Rocks (First) y (Middle)

ID NUMBER: R 00000002

DEPARTMENT: Mascots

POSITION NUMBER: R00001

CAMPUS EXTENSION: 0001

Fill out this section completely, making sure that your Rocket # is correct.

FACULTY
x CWA
UTPPA
PROFESSIONAL STAFF
CLASSIFIED EXEMPT
TEMPORARY

| DAY OF THE WEEK | DATE (MM/DD/YR) | TYPE OF LEAVE* (Vacation, Sick, Bereavement, Personal, Comp-time, Unpaid, FMLA, WC) | RELATIONSHIP* (ie: Self, Spouse, Child, Parent, Grandparent, Sister, Brother) | HOURS |
|--|-----------------|--|--|-------|
| Saturday (12:01 am) | | | | |
| Sunday | | | | |
| Monday | 3/6/17 | Vacation | Self | 8 |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday (12:01 am) | | | | |
| Sunday | | | | |
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | 3/15/17 | Sick | Self | 8 |
| Thursday | | | | |
| Friday | | | | |
| <div style="border: 1px solid red; padding: 5px; color: red;">Form needs to be signed by both the Employee and the Supervisor, with Supervisor information being filled out completely</div> | | | | |
| EMPLOYEE SIGNATURE: Rocky Rocket | | | | |
| SUPERVISOR SIGNATURE: Rocky Rocket | | | | |
| DATE: 3/17/17 | | | | |
| CAMPUS EXTENSION: 0001 | | | | |
| <input checked="" type="checkbox"/> Vacation Approved Only approve if time was approved in advance | | | | |
| <input type="checkbox"/> Vacation Disapproved Disapprove if time was not approved in advance | | | | |
| TOTAL HOURS | | | | 16 |
| SUPERVISOR ID #: R 00000001 | | | | |

Enter the date, Type of Leave (from types listed below), Relationship, Hours for each day and Total Hours for the pay period

INSTRUCTIONS: Form must be filled out in ink and received by Human Resources by 5 00 PM Wednesday of pay week following the week/s (NO MORE THAN 2 WEEKS) in which the time was used Please note "Falsification of either a written, signed statement, or a physician's certificate shall be grounds for disciplinary action, including dismissal," section 124 38 Ohio Revised Code

| | | |
|---|------------------------------|---|
| *LEAVE TYPES All leaves are subject to University Policy and/or Bargaining Agreements | VACATION | Supervisory approval must be received prior to usage If vacation time is disapproved by the supervisor the employee may be subject to disciplinary action Vacation time shall not be used unless the time has been accrued in advance Time not accrued in advance will be unpaid . |
| | SICK | May be used for employee illness or the care of a qualifying immediate family member Relationship to employee must be noted (spouse, son, daughter, parent, etc) on absence report Any illness extending beyond 1 week or requiring hospitalization and/or treatment may require a physician release prior to returning to work See Contract/University policy |
| | BEREAVEMENT | May be used for employee's immediate family Relationship to employee must be noted (ie spouse, son, daughter, parent, grandparent) |
| | PERSONAL | Only available to bargaining unit members and classified exempt |
| | COMP-TIME | Available to bargaining unit members and classified exempt Compensatory time absence reports follow the time card deadline schedule Compensatory time may only be taken once it has been accrued Send to Payroll for processing |
| | UNPAID | All other relevant leave balances must be exhausted prior to requesting unpaid leave Supervisor and Human Resources approval must be received prior to usage |
| | FMLA | Contact Human Resources for procedures to designate the time as FMLA |
| | WORKERS' COMPENSATION | Medical documentation is required to support absence Leaves of seven or fewer calendar days are not payable under Workers' Compensation Absence Reports are to be sent to Risk Management rather than HR For assistance, contact Risk Management Time will also be counted toward FMLA entitlement |