

# The University of Toledo

## ABSENCE REPORT

White Copy - HR  
Yellow Copy - Dept.  
Pink Copy - Employee

PLEASE PRINT	<b>NAME:</b> (Last) (First) (Middle)		CHECK STATUS		<b>FACULTY</b>
					<b>CWA</b>
					<b>UTPPA</b>
	<b>ID NUMBER: R</b>				<b>PROFESSIONAL STAFF</b>
	<b>DEPARTMENT:</b>				<b>CLASSIFIED EXEMPT</b>
<b>POSITION NUMBER:</b>		<b>CAMPUS EXTENSION:</b>		<b>TEMPORARY</b>	

DAY OF THE WEEK	DATE (MM/DD/YR)	TYPE OF LEAVE * (Vac, Sick, Bereavement, Personal, Comp-time, Unpaid, FMLA, WC)	RELATIONSHIP * (Self, Spouse, Child, Parent, Grandparent, Sister, Brother, etc)	HOURS
Saturday (12:01am)				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday (12:01am)				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

<b>EMPLOYEE SIGNATURE:</b>	<b>TOTAL HOURS</b>
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**DEPARTMENTAL USE ONLY**

<b>SUPERVISOR SIGNATURE:</b>	<b>SUPERVISOR ID #: R</b>
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<b>DATE:</b>	<input type="checkbox"/> <b>Vacation Approved</b>	Only approve if time was approved in advance.
<b>CAMPUS EXTENSION:</b>	<input type="checkbox"/> <b>Vacation Disapproved</b>	Disapprove if time was not approved in advance.

**INSTRUCTIONS:** Form must be filled out in ink and received by Human Resources by 5:00 P.M. 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	<b>VACATION</b>	Supervisory approval must be received <b>prior</b> 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 <b>accrued in advance</b> . Time not accrued in advance will be <b>unpaid</b> .
	<b>SICK</b>	May be used for employee illness or for 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.
	<b>BEREAVEMENT</b>	May be used for employee's immediate family. Relationship to employee must be noted (spouse, son, daughter, parent, grandparent, etc)
	<b>PERSONAL</b>	Only available to bargaining unit members and classified exempt.
	<b>COMP-TIME</b>	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.
	<b>UNPAID</b>	All other relevant leave balances must be exhausted prior to requesting unpaid leave. Supervisor and Human Resources approval must be received prior to usage.
	<b>FMLA</b>	Contact HR for procedure to designate time as FMLA.
<b>WORKERS' COMPENSATION</b>	Medical documentation is required to support absence. Leaves of seven or less 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.	