

LOST TIME/UNAUTHORIZED ABSENCE REPORT

LOST TIME:

The following person was absent from work on the date(s) listed below and there may be insufficient leave accruals to cover these absences.

Name:

Date(s):

_____	_____
_____	_____
_____	_____
_____	_____

UNAUTHORIZED ABSENCE:

The following person was absent from work without authorization on the date(s) listed below. Please place the employee on leave without pay (AWOL) for the date(s) listed. **Do Not** use accruals to cover these absences.

Name:

Date(s):

_____	_____
_____	_____
_____	_____
_____	_____

(Signature of Supervisor)

(Date)