# The University of Chicago

# Monthly Absence Report

(for Staff on Monthly Payroll)

**Name** _____

**Department** _____

**For the month ending (month/year)** _____

## DETAILS OF ABSENCES

*Please Indicate:* ☐ No absences during month ☐ Absences as detailed below

| Date | *Explanation of Absence | **Reduce Salary Full Day Absences Only No | Yes |
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*Indicate Sick, Vacation, Personal Holiday, Death in the Immediate Family, Jury Service, Leave of Absence without Pay, **FMLA

**Absences related to FMLA must be recorded/deducted in hours

***Signature of Employee*** ***Date***

**Approved by** _____

***Immediate Supervisor*** ***Date***