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TO  
ORDER**

## UNIVERSITY OF MINNESOTA Absence Card

Employee (Print)	Employee ID	<input type="checkbox"/> Adjustment
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Dates Absent	Number of Hours					Reason (Optional)
	Sick Leave	Vacation	Leave w/o salary	Personal Holiday	Comp Time	
<b>SAMPLE ONLY</b>						

For illness or injury that may require FMLA reporting, contact your Payroll person immediately.

Employee Signature	Date	Phone
X		
Supervisor Signature	Date	Phone
X		