



## New Jersey Conference – Secretariat/Human Resources

2303 Brunswick Avenue • Lawrenceville, NJ 08648 • Phone: 609-802-0855 • Fax: 609-802-0868 •

# ABSENCE REPORT

FORM SHOULD BE ROUTED TO THE OFFICE OF HUMAN RESOURCES IN ADVANCE (IF KNOWN) or THE SAME WEEK IN WHICH THE ABSENCE OCCURS

Employee ID#: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_ Department/Position: \_\_\_\_\_

Leave Date(s)		Leave Type (Choose code from list below)	# of Hours/Days
First Day Absent	Last Day Absent		

**Leave Type codes:**

01 Vacation	06 Long-term sick leave
02 Personal time/Short-term sick leave	07 Leave without pay
03 Jury Duty ( <i>Attach copy of Jury Summons</i> )	08 Accident on Job
04 Family Death ( <i>Immediate family <b>only</b> as per policy</i> )	09 Spouse Travel
05 Birthday ( <i>Paid time off as per policy</i> )	10 Other:

Remarks:

\_\_\_\_\_  
\_\_\_\_\_

**Signatures:**

\_\_\_\_\_  
Absent Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Conference Officer/Human Resources Director

\_\_\_\_\_  
ADCOM Meeting Date:

VOTE: \_\_\_\_\_