ABSENCE REPORT

CISCO COLLEGE

Name:_____ Last 4 SSN:_____

Department:_____

First Date Absent: _____ Date Returned:_____

Total Hours Absent (15 minute increments):_____

_____ Sick _____ Vacation _____ Sick Leave Pool

Explanation:_____

Faculty Only: Class/Classes

Subject	Section	Period	Time

Disposition of Class:_____

Approval:

Supervisor:_____ Employee: _____

Date: _____ Job Title: _____

Date: _____

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