**EMPLOYEE ABSENCE CHECKLIST**

* Sick/Dr. Appointment
* Appointments (financial planner, accountant, lawyer, etc.)
* Car Troubles
* Delivery
* Family Emergency
* School Closed
* Other\_\_\_\_\_\_\_\_\_

**IF APPLICABLE FOR ABSENCE:**

* Sick Pay
* Vacation Pay

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**