

CCC/CAHS ABSENTEE REPORT	
Date _____	
Name of Employee _____	
Dept. _____ was ABSENT from work today for the reason shown below.	
CHECK REASON	
<input type="checkbox"/> ILLNESS (SELF)	<input type="checkbox"/> VACATION
<input type="checkbox"/> ILLNESS (FAMILY)	<input type="checkbox"/> PERSONAL
<input type="checkbox"/> BEREAVEMENT	<input type="checkbox"/> JURY DUTY
	<input type="checkbox"/> OTHER
Number of Days _____	
Comments: _____ _____	
Signed _____ Supervisor	
Signed _____ Division Director	
THIS FORM MUST BE COMPLETED FOR EACH DAY THE EMPLOYEE IS ABSENT.	

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