Webster UNIVERSITY

Monthly Absence Reporting
Salaried Employees

Print Form

Name: _____ CARS ID: _____

Month Ending: _____ Dept.: _____ Acct.: _____

DATE(S)	BENEFIT TIME				TOTAL BENEFIT DAYS
	VACATION DAYS TAKEN	SICK DAYS TAKEN	OTHER		
			*CODE	DAYS	

TOTALS FOR THE MONTH

*For *other* leave time, insert the applicable code:

AL Administrative Leave
F Funeral Leave
MP Performance Bonus Day
PH Personal Holiday
J Jury Duty
SA Spotlight Award Day
UL Unpaid Leave

For Funeral Leave, Please indicate Relationship: _____

*Please note this form is not intended for use during personal or FMLA leave. Contact Human Resources for further information.

I CERTIFY THAT THE ABOVE DAYS ARE CORRECT:

_____
EMPLOYEE'S SIGNATURE

_____
SUPERVISOR'S SIGNATURE

DO NOT WRITE IN THIS AREA		
VAC		
PERS		
SICK		
OTHER		
TOTAL		