

THE UNIVERSITY OF TEXAS AT BROWNSVILLE

STAFF ABSENCE REPORT

Date of Report: _____ **Department:** _____

PERSON ABSENT: _____ **I.D. #:** _____

Date(s)	Type of Leave	# of Hours
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____
4.) _____	_____	_____
5.) _____	_____	_____
6.) _____	_____	_____

Reason for Absence – Please check one below:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1.) Personal Illness*
<input type="checkbox"/> 2.) Illness in Family*
<input type="checkbox"/> 3.) Vacation
<input type="checkbox"/> 4.) Jury Duty**
<input type="checkbox"/> 5.) Representing school. Civic or
“other” functions | <input type="checkbox"/> 6.) Staff Development
<input type="checkbox"/> 7.) National Guard/Reserve Duty
<input type="checkbox"/> 8.) Appearance as witness
<input type="checkbox"/> 9.) Other _____
<input type="checkbox"/> 10.) Bereavement in Family***
(Relationship) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Remarks: _____

Signature: _____ *Absent Employee* _____ *Date*

_____ *Supervisor* _____ *Date*

For Faculty: _____ *Dean's Signature:* _____ *Date*

Route to: Human Resources IN SAME WEEK in which absence occurred.

*Chargeable as sick leave.

**Attach a copy of Jury Summons

***No deduction, charged to funeral for immediate family members. Employee needs to attach a copy of obituary or death certificate, otherwise, it is deducted from sick leave.