Absences of Personnel

Month: Oct 6, 2012 to Nov 12, 2012

Name _____

Date Turned In _____

Social Security Number _____

Date(s) of Absence	Days-Hours Out					Reason for Absence
	Sick Leave	Personal Leave	Employees Expense	Vacation	Professional Workshops	

I certify that the above is a complete and accurate record of my absences for the period indicated at the top of this page.

TCS-47

Signed _____