ABSENCE REPORT

Laurentian UNIVERSITY • UNIVERSITÉ Laurentienne

DEPARTMENT / FACULTY: _____ **FOR MONTH OF:** _____ 20____

NAME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

ABSENCE CODE:

S	Sick Leave With Pay
V	Vacation
H	Statutory Holiday
A	Absence Without Pay
B	Bereavement Leave
M	Maternity
J	Jury Duty
WSIB	Workplace Safety and Insurance Board
*	Overtime - Taken in Time Off in Lieu of Pay
O	Other - Please Specify
◁	½ Day Absence

Special Leave with Pay (if applicable)

PE	Emergency
PF	Fire
P M/D	Moving Day
PWL	Wedding Leave
PA	Adoption Leave With Pay
PX	Writing Exam
PM	Medical Appointments
PP	Paternity Leave With Pay

_____
Approved by - Department Head

_____
Date

In case of absence due to an accident, please notify the Human Resources Office immediately.
N.B. This report shall be transmitted to the Human Resources Office by the fifth working day of the following month.