



Exempt Absence Report

Employee: _____

CWID#: _____

Department: _____

Leave Type Codes:	
Sick	(180)
Personal	(160)
Vacation	(170)
Professional	(370)
Jury Duty	(350)
LWOP	(420)

Leave Type Code	Hours Absent	Date(s) Absent

Employee: _____
Signature

 Date

Supervisor: _____
Signature

 Date

Route through Appropriate Vice President or Dean to Payroll.

Vice President or Dean _____
Signature

 Date

Note: This form should be executed immediately upon return to work.