ADMIN ABSENCE REPORT
For PERMANENT ADMINISTRATIVE STAFF AND NON-TEACHING FACULTY

I confirm the information
I have supplied is correct.

YEAR   MONTH   DAY   PLEASE PRINT

PAY PERIOD ENDING   LAST NAME   FIRST NAME   EMPLOYEE SIGNATURE

☐ ← NO EXCEPTIONS
to regular schedule

COLLEAGUE #

DATE			NO. OF HOURS WORKED		NO. OF HOURS ABSENT	
YEAR	MONTH	DAY	Regular scheduled hours	Addition hours for information purposes only	Hours	Absence code
TOTALS						

ABSENCE CODES – PAID

BT   Banked time taken
BD   Bonus Day
HO   Stat Holiday (scheduled day off)
HW   Stat Holiday (scheduled work day)
V   Vacation
PD   Prof. Development

FI   Family Illness
G   Gratuity Day
T   Training
B   Bereavement
J   Jury
F   Flex
S   Sick
SW   Sick/WCB
O   Off campus duty
U/E Union/Paid by ECU

ABSENCE CODES – UNPAID

LOA   Approved Leave of Absence

APPROVALS:

_____
Supervisor

_____
Payroll