CCC/CAHS ABSENTEE REPORT Date____ Name of Employee____ was ABSENT from work today for the reason shown below. **CHECK REASON** ☐ ILLNESS (SELF) ☐ VACATION ☐ ILLNESS (FAMILY ☐ PERSONAL ☐ BEREAVEMENT ☐ JURY DUTY □ OTHER Number of Days_____ Comments: Signed_____Supervisor _____ Division Director Signed _ THIS FORM MUST BE COMPLETED FOR EACH DAY THE EMPLOYEE IS ABSENT.

CCC/CAHS ABSENTEE REPORT		
D	ate	
Name of Employee		
Dept was ABSENT from work today for the	e reason shown below.	
CHECK REASON ILLNESS (SELF) ILLNESS (FAMILY BEREAVEMENT	☐ VACATION ☐ PERSONAL ☐ JURY DUTY ☐ OTHER	
Number of Days	_	
Comments:		
Signed	Supervisor	
Signed	Division Director	
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CCC/CAHS ABSENTEE REPORT		
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☐ ILLNESS (FAMILY	☐ PERSONAL	
☐ BEREAVEMENT	☐ JURY DUTY ☐ OTHER	
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Number of Days		
Signed		
Signed Division Director THIS FORM MUST BE COMPLETED FOR EACH DAY THE FMPLOYEE IS ABSENT.		