THE UNIVERSITY OF TEXAS AT BROWNSVILLE

STAFF ABSENCE REPORT

Date of Report:	May 5, 2009	Department:	Absence Report Department	
PERSON ABSENT:	John Doe		I.D. #:	1234567
Date(s) Type of		of Leave	Leave # of Hours	
1.) 5/4/09	Leav	Leave with Pay		8
2.)				
3.)				
4.)				
5.)				
6.)				
Reason for Absence – Plea	se check one below:			
1.) Personal Illness* 2.) Illness in Family* 3.) Vacation 4.) Jury Duty** 5.) Representing sche "other" functions	7.) National 8.) Appeara 9.) Other Sc 10.) Bereaver	6.) Staff Development 7.) National Guard/Reserve Duty 8.) Appearance as witness 9.) Other School Closure 10.) Bereavement in Family*** (Relationship)		
Remarks:				
Signature:				
Absent Employee		Date		
Supervisor For Faculty: Dean's Signature:		Date Date		

Route to: Human Resources IN SAME WEEK in which absence occurred.

^{*}Chargeable as sick leave.

^{**}Attach a copy of Jury Summons

^{***}No deduction, charged to funeral for immediate family members. <u>Employee needs to attach a copy of obituary or death certificate, otherwise, it is deducted from sick leave.</u>