



## Summary of Absences

Department: \_\_\_\_\_

Pay Period End Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Title: \_\_\_\_\_

Datatel ID#: \_\_\_\_\_

SSN: \_\_\_\_\_

	SUN	MON	TUES	WED	THURS	FRI	SAT	Total Hrs
<b>Date</b>								
<b>Leave Taken</b>								

	SUN	MON	TUES	WED	THURS	FRI	SAT	Total Hrs
<b>Date</b>								
<b>Leave Taken</b>								

	SUN	MON	TUES	WED	THURS	FRI	SAT	Total Hrs
<b>Date</b>								
<b>Leave Taken</b>								

	SUN	MON	TUES	WED	THURS	FRI	SAT	Total Hrs
<b>Date</b>								
<b>Leave Taken</b>								

Employee's Signature \_\_\_\_\_

Telephone \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Telephone \_\_\_\_\_