

**University of Southern California
School of Social Work**

ABSENCE REPORT

Instructions:

This form must be submitted:

- *BEFORE* requested vacation or medical appointments
- *IMMEDIATELY after* returning from being out sick

Submit the form to your Supervisor for their signature and then forward to the Business Office.

Name: _____

I will be was absent on:

Date(s)	Time	Reason
<hr/> <hr/> <hr/>	<input type="checkbox"/> Full Day <input type="checkbox"/> Hours Absent Number of Hours Absent: <hr/>	<input type="checkbox"/> Vacation <input type="checkbox"/> Sick <ul style="list-style-type: none"> <input type="checkbox"/> Medical/Dental Appt <ul style="list-style-type: none"> <input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Called In <ul style="list-style-type: none"> <input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Jury Duty <small>*USC Pays for a maximum of 10 days *Please attach Proof of Service provided to you by the Court</small> <input type="checkbox"/> Bereavement
<hr/> Employee's Signature	<hr/> Date	
<hr/> Supervisor's Signature	<hr/> Date	