Employee Absence Log Form

Date:

| Employee Name: |  |
| --- | --- |
| Employee Contact Info: | Phone: Email: |
| Department: |  |
| Manager: |  |
| Type of Absence: | * Sick / Medical * Vacation * Bereavement * Compassionate Care * Parental * Other |
| Requested Dates: | From: To: |
| Communication Details: | * Phone * Email * Text * Other |
| Next Follow-Up Date: |  |
| Supplementary Documents:  (eg. Medical note) | * Yes, document type: * No |
| Manager Notes: |  |