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: |  |