BALL STATE UNIVERSITY

COLLEGE OF APPLIED SCIENCES AND TECHNOLOGY
SCHOOL OF NURSING

INDIVIDUAL ABSENCE REPORT

FACULTY/PROFESSIONAL PERSONNEL
&
EXEMPT STAFF PERSONNEL

For Period _____ 16th , 20___ Through _____ 15th , 20___
(month) (month)

Fill in this absence report and submit it to the School of Nursing Administrative Coordinator on – or before – *the 15th of each month, covering your absences from the 16th of the preceding month through the 15th of the current month.*

VARIATIONS FROM THE REGULAR SCHEDULE:

Exact dates of absence (list each working day by date):	Reason (indicate sick leave, vacation, or specific other reason):
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____
Employee's Signature

I certify the above record is true and correct.

_____
Employee's Name

_____
Date

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Graduate Program: 765.285.5768 • RN to BS Program: 765.285.5298