

Plateau Electric Cooperative

ABSENTEE REPORT

Name: _____

Request Date: _____

Absent from work

Date Absent: _____

REASON for absence

Hours

Family Medical Leave Act

SICK

Yes No

SICK OTHER

Yes No

VACATION

Yes No

PERSONAL HOLIDAY

Yes No

LWOP

Yes No

REST

Yes No

Appropriate box must be marked

Reported by: _____

Approved by: _____