**CASTLE BUILDING CENTRES GROUP LTD.**

**ABSENCE REPORT**

EMPLOYEE NAME:

|  |  |  |
| --- | --- | --- |
| DATE (MONTH/DAY/YEAR) | FROM | TO |
|  |  |  |
|  |  |  |
|  |  |  |

REASON

|  |  |  |  |
| --- | --- | --- | --- |
| DENTIST APPOINTMENT |  | JURY DUTY |  |
| DOCTOR APPOINTMENT |  | DEATH IN FAMILY |  |
| SICKNESS-SELF |  | LEAVE OF ABSENCE |  |
| SICKNESS-FAMILY |  |  |  |
| VACATION |  |  |  |

WITH PAY WITHOUT PAY

EXPLANATION (IF NECESSARY)

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

SUBMITTED BY PLEASE PRINT