

Employee Full Name: \_\_\_\_\_

Please print



### TIMETRAK REPORT

ABSENCE NOTICE: Indicate the date(s) and hour(s) absent			TIMETRAK OCCURENCE		
Absences	Date(s)	# Hours	Occurrence	Date(s)	Indicate Time
<input type="checkbox"/> Sick - <i>Self</i>	_____	_____	<input type="checkbox"/> Missing - <u>clock in (a.m.)</u>	_____	_____
<input type="checkbox"/> Sick - <i>Family</i>	_____	_____	<input type="checkbox"/> Missing - <u>clock out for lunch</u>	_____	_____
<input type="checkbox"/> Sick - <i>Funeral</i>	_____	_____	<input type="checkbox"/> Missing - <u>clock back in from Lunch</u>	_____	_____
<input type="checkbox"/> Personal	_____	_____	<input type="checkbox"/> Missing - <u>clock out at end of day</u>	_____	_____
<input type="checkbox"/> Jury Duty	_____	_____	<input type="checkbox"/> Extra Punches - Edit Punch Type	_____	_____
<input type="checkbox"/> Vacation	_____	_____	<input type="checkbox"/> Other (Explain)	_____	_____

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT THIS FORM TO YOUR DEPARTMENT SUPERVISOR**  
TimeTrak entries/edits will not be made without this form

Employee Full Name: \_\_\_\_\_

Please print



### TIMETRAK REPORT

ABSENCE NOTICE: Indicate the date(s) and hour(s) absent			TIMETRAK OCCURENCE		
Absences	Date(s)	# Hours	Occurrence	Date(s)	Indicate Time
<input type="checkbox"/> Sick - <i>Self</i>	_____	_____	<input type="checkbox"/> Missing - <u>clock in (a.m.)</u>	_____	_____
<input type="checkbox"/> Sick - <i>Family</i>	_____	_____	<input type="checkbox"/> Missing - <u>clock out for lunch</u>	_____	_____
<input type="checkbox"/> Sick - <i>Funeral</i>	_____	_____	<input type="checkbox"/> Missing - <u>clock back in from Lunch</u>	_____	_____
<input type="checkbox"/> Personal	_____	_____	<input type="checkbox"/> Missing - <u>clock out at end of day</u>	_____	_____
<input type="checkbox"/> Jury Duty	_____	_____	<input type="checkbox"/> Extra Punches - Edit Punch Type	_____	_____
<input type="checkbox"/> Vacation	_____	_____	<input type="checkbox"/> Other (Explain)	_____	_____

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT THIS FORM TO YOUR DEPARTMENT SUPERVISOR**  
TimeTrak entries/edits will not be made without this form