

ABSENCE NOTICE

Group:

Family Name:

First Name:

Absence from (Date) to (Date)

Reason:

- ☐ illness
- ☐ accident
- ☐ holidays
- ☐ military service
- ☐ attendance at meeting
- ☐ maternity leave
- ☐ other reason.....

Date:

Signature Employee _____

Signature Group Leader/Superior _____