



University Corporation at Monterey Bay

University Corporation ABSENCE REPORT - EXEMPT EMPLOYEES

FOR USE BY BENEFITED and NON-BENEFITED University Corporation EMPLOYEES EXEMPT FROM OVERTIME

Submit Absence Reports to the University Corporation Payroll Office located in Building 201 Suite 119 by 5:00 p.m. on the last day of the pay period.
Please print all information in ink.

Pay Period Start _____ Pay Period End _____
mo-day-yr mo-day-yr

XXX-XX-_____
Last four digits of Social Security

Last Name (please print clearly) _____ First Name _____ MI _____

	WEEK 1 HOURS							WEEK 2 HOURS							WEEK 3 HOURS							TOTAL HOURS
	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	
Dates:																						
Vacation																						
Sick																						
*Other Paid Absences																						
Grand Total Hours :																						

**Please note this option pertains to Personal Holidays, Jury Duty, Grievance Leave, and/or Company Holidays.*

**Please list reason for absence:* _____

I certify that the above absences are correct

I approve the leave hours of this employee for the hours recorded in this report

Signature of Employee

Date

Signature of Supervisor or Authorized Administrator

Date