

SUBMIT CERTIFICATE OF ABSENCE TO HUMAN RESOURCES.

Employee and Manager must complete and sign the form with explanation. Once received, HR/Payroll will process the necessary entry.

EMPLOYEE NUMBER _____

SUPPORT STAFF

LAST NAME _____

PROFESSIONAL

FIRST NAME _____

MANAGEMENT

DEPARTMENT _____

| Start date | End date (if known, if not, leave blank) | Reason for the absence |
|------------|---|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Example

Illness: Unable to work due to illness

Family Obligation: Unable to work due to caregiving obligations (children, parents, etc.)

Other: Unable to work remotely (ex: technical limitations, etc.)

Additional information: _____

 Signature of employee Date _____

 Authorized signature Date _____

| FOR PAYROLL USE ONLY | | | | |
|----------------------|-------------------------------|--------------|------------|-------------|
| Employee no.: | _____ | Pay Date: | _____ | |
| Fonc. | Seq. | Revenue code | Entered by | Verified by |
| _____ | _____ | _____ | _____ | _____ |
| Budget Code: | _____ - _____ - _____ - _____ | | | |