



Payroll Services
Take Control of Your Payroll Today!

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ABSENCE FORM

ABSENCE FORM

Employee ID: _____

Unit #: 23381
School Name/ Department ID: _____

First Name: _____ Last Name: _____ (Please Print)

I am requesting the following day(s) off from work:

MONTH:								YEAR:							
Enter appropriate code under each date of absence - Do not use check marks -															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
								NUMBER OF DAYS ABSENT							

PAID ABSENCE CODES			
SCK	Illness (Employee/Dependent)	BRV	Bereavement Leave
VAC	Vacation (Vacation and Reserve Days)	JDC	Jury Duty - Circuit Court
PBD	Employee's Personal Business	JDD	Jury Duty - District Court
PBE	Employee's Emergency Personal Business	JDF	Jury Duty - Federal Court
CNF	Conference Leave	RHL	Religious Holiday
NO PAY ABSENCE CODES			
EXC	Excused absence <i>without</i> Pay	UNX	Unexcused absence <i>without</i> Pay

I understand that if I am using sick benefit days that have not been earned, I authorize the Board to withhold the value of sick pay taken and unearned from my final compensation.

Employee's Signature _____

Date _____

Manager's Signature _____

Date _____

SUBMIT TO YOUR PAYROLL CLERK FOR PROCESSING

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