

# State of Missouri Monthly Absence Summary

|                  |         |           |                    |
|------------------|---------|-----------|--------------------|
| 1. Month         | 2. Year |           |                    |
| 3. Employee Name |         | 4. EmplID | 5. Department Name |

*If leave was FMLA leave, place a R in box.*

| 6. Date | 7. Vacation              | 7a. Sick Leave           | 7b. Family Sick Leave    | 7c. Personal Day         | 8. Other |       | 9. Comments |
|---------|--------------------------|--------------------------|--------------------------|--------------------------|----------|-------|-------------|
|         |                          |                          |                          |                          | Type     | Hours |             |
| 1       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 2       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 3       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 4       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 5       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 6       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 7       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 8       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 9       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 10      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 11      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 12      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 13      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 14      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 15      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 16      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 17      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 18      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 19      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 20      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 21      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 22      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 23      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 24      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 25      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 26      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 27      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 28      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 29      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 30      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |
| 31      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |       |             |

|                   |          |            |             |              |  |
|-------------------|----------|------------|-------------|--------------|--|
| <b>10. Totals</b> |          |            |             |              |  |
|                   | Vacation | sick Leave | Family Sick | Personal Day |  |

|                          |                     |
|--------------------------|---------------------|
| 11. FMLA Total For Month | 12. FMLA Begin Date |
|--------------------------|---------------------|

|                          |      |
|--------------------------|------|
| 13. Employee Signature   | Date |
| 14. Supervisor Signature | Date |