University 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	☐	☐	☐	☐			
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	☐	☐	☐	☐			
10. **Totals**							
	Vacation	sick Leave	Family Sick	Personal Day			

11. FMLA Total For Month	12. FMLA Begin Date

13. Employee Signature	Date
14. Supervisor Signature	Date