

Absenteeism Record Form

Employee Name

Employee ID

Department

Supervisor

Period (Month/Year)

Position

Date Absent	Absence Type	Duration	Reason	Supporting Documents	Remarks
<input type="text"/>	<div>Select</div>	<input type="text" value="e.g., 1 day"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<div>Select</div>	<input type="text" value="e.g., 1 day"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<div>Select</div>	<input type="text" value="e.g., 1 day"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Overall Remarks

Employee Signature / Date

Supervisor/Manager Signature / Date

HR Signature / Date