

Hospitality Employee Absence Report Form

Employee Name

Department

Position/Title

Supervisor/Manager

Date of Absence

Shift

e.g. Morning, Afternoon, Night

Scheduled Start Time

Scheduled End Time

Type of Absence

Select

Reason/Additional Details

Person Notified (Name & Method)

e.g. John Smith via phone

Date and Time Notified

Employee Signature / Date

Supervisor/Manager Signature / Date

