

**LOYOLA MARYMOUNT UNIVERSITY
BI-WEEKLY PAYROLL
ABSENCE REPORT**

Name: _____ Date: _____ m/d/yyyy

Division: _____ Department: _____

Pay Period Ending Date: _____ m/d/yyyy

Day	Vacation	Sick	Holiday	Other	Explanation of Other Time Off	Day	Vacation	Sick	Holiday	Other	Explanation of Other Time Off
Sun..						Sun..					
Mon.						Mon.					
Tue.						Tue.					
Wed.						Wed.					
Thu.						Thu.					
Fri.						Fri.					
Sat.						Sat.					

Employee's Signature

Date

Supervisor's Signature

Date