

**CENTRAL MISSISSIPPI, INCORPORATED HEAD START/EARLY HEAD START PROGRAM
WEEKLY ABSENTEE REPORT**

Center _____

Week Ending _____

EMPLOYEE	JOB TITLE	Mon	Tue	Wed	Thurs	Fri	# Hours Absent	# Hours Present	SUBSTITUTE USED	# Hours Present
1.		()	()	()	()	()				
2.		()	()	()	()	()				
3.		()	()	()	()	()				
4.		()	()	()	()	()				
5.		()	()	()	()	()				
6.		()	()	()	()	()				
7.		()	()	()	()	()				
8.		()	()	()	()	()				
9.		()	()	()	()	()				
10.		()	()	()	()	()				

Absence Codes: A – Absent P - Partial Hours Worked

Reason Codes:

- | | | | | |
|---------------------|----------------|--------------------------|-----------------|---------------------|
| 1 – Sick (Employee) | 4 – Personal | 7 – Family Medical Leave | 10 – Military | 13 – Transportation |
| 2 – Family Sickness | 5 – Jury Duty | 8 – Bereavement Leave | 11 – Job Injury | 14 – Weather |
| 3 – Medical Appt. | 6 – Discipline | 9 – Leave of Absence | 12 – Accident | 15 – Release Time |

Center Manager's Signature _____