



Dominican School of Philosophy and Theology
at The Graduate Theological Union

EXEMPT EMPLOYEE ABSENCE FORM

Name: _____

Pay Period Ending: _____

Dates Of Absence Due To Illness: _____

Total number of working hours: _____

Dates Of Absence For Vacation: _____

Total number of working hours: _____

When Reporting Absence, Your Supervisor Should Sign Below:

Supervisor Signature: _____