

**FACILITIES PLANNING & MANAGEMENT - ATTENDANCE REPORT**

Route this completed request for future leave to the attendance clerk immediately upon authorization by your manager.  
For an unexpected absence, the employee's manager shall complete this report and route it to the attendance clerk.

TMA  
ID NUMBER: \_\_\_\_\_ Employee Name: (Please print) \_\_\_\_\_

Leave Beginning hour: \_\_\_\_\_ AM PM Leave Ending hour: \_\_\_\_\_ AM PM

LEAVE TYPE Beginning Date Ending Date Hours  
(Leaves taken in half hour increments unless noted below) MM/DD/YY MM/DD/YY

**Vacation**

**CTO (Taken in .25 hour increments only)**

**Personal Holiday (one workday per year only)**

**Sick Leave**

Sick Leave related to work injury? If yes, enter date of original injury:

Sick - Family - Relationship\* \_\_\_\_\_

Sick - Death - Relationship \* \_\_\_\_\_

Bereavement - Relationship\* \_\_\_\_\_

**Jury Duty - court documentation required**

**Subpoenaed Witness - court documentation required**

**Military Leave - military documentation required**

IDL/NDI (for office use only) \_\_\_\_\_

**Maternity/Paternity Leave (reported in days only)**

The following leaves are reported in .1 hour increments only

**Unauthorized Leave Without Pay (A)**

**Approved Leave Without Pay (L)**

**\*Family Relation:** Employee's spouse, and the employee's or his/her spouse's mother, father, grandmother, grandfather, grandchild, son, son-in-law, daughter, daughter-in-law, brother, sister, or relative living in the immediate household of the employee. Documentation may be required.

Employee: \_\_\_\_\_  
Signature Date

Lead/Supervisor: \_\_\_\_\_  
Signature Date

HEERA Manager: \_\_\_\_\_  
Signature Date