

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Division: \_\_\_\_\_ Department: \_\_\_\_\_

Pay Period Ending Date: \_\_\_\_\_

| 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