



# Explanation of Absence(s)

(MUST accompany any BL, FI, IA, OL, or RT absences)

Name : \_\_\_\_\_ Site: \_\_\_\_\_ Month / Year : \_\_\_\_\_

**Bereavement Leave**

Relationship: \_\_\_\_\_ Distance Traveled: \_\_\_\_\_ Date: \_\_\_\_\_

**Family Illness**

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**Industrial Accident**

Explanation: \_\_\_\_\_ Date: \_\_\_\_\_

*(i.e. Doctor's appointment, off-work, physical therapy)*

**Other Leave**

State Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Release Time**

Explanation: \_\_\_\_\_ Date: \_\_\_\_\_

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