

# Absence Benefits Claim Form (ABC)

NAME OF EMPLOYEE	NAME KEY	DATE(S) OF ABSENCE
POSITION	DEPARTMENT/SCHOOL	

Absence Reason	Explanation of Absence	
<input type="checkbox"/> Bereavement Leave	Specify relationship with person for whom leave was taken.	Did person live with employee? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Other Leave	Explain reason for absence and attach any substantiating documents.	

I certify under penalty of perjury, that this is a true and correct claim.

SIGNATURE OF EMPLOYEE	DATE
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SIGNATURE OF SUPERVISOR	DATE
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**Employee: please submit ABC form to your Office Manager.**

**Office Manager: please submit ABC form to Payroll with your monthly Leave Record.**