

EMPLOYEE ABSENTEEISM REPORT

EMPLOYEE NAME: _____

DEPARTMENT: _____

MANAGER RESPONSIBLE: _____

Instructions: Mark each characteristic you have noted about the employee with a "X" and include the date.

DATES ABSENTEEISM

_____	_____	Repeated unauthorized leave
_____	_____	Excessive sick leave
_____	_____	Frequent absences on the same day (friday)
_____	_____	Repeated absences
_____	_____	Excessive tardiness
_____	_____	Frequent long lunches/breaks
_____	_____	Leaving work early
_____	_____	Frequent unscheduled short term absences

Details: _____

DATES WORK-POST ABSENTEEISM

_____	_____	Continued absences from post
_____	_____	Frequent trips to restroom
_____	_____	Long coffee breaks
_____	_____	Excessive talking
_____	_____	Physical illness on the job

Details: _____

DATES ACCIDENT RATE

_____	_____	Accidents on the job
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Details: _____

DATES PROBLEM IN CONCENTRATION

_____ Work requires greater effort
_____ Jobs take more time
_____ Trouble taking direction
_____ Trouble learning new routines/procedures
_____ Difficulty recalling instructions/details
_____ Other significant memory problems

Details: _____

DATES IRREGULAR WORK PATTERNS

_____ Alternate periods of high/low productivity
_____ Productivity impaired after lunch

Details: _____

DATES REPORTING TO WORK

_____ Coming to work in an inappropriate condition
_____ Returning to work in an inappropriate condition

Details: _____

ADDITIONAL RELEVANT COMMENT:

Signature: _____ **Date:** _____