

THE COLLEGE OF THE BAHAMAS  
**ABSENTEE REPORT FORM**  
(TO BE COMPLETED IN DUPLICATE)

NAME OF APPLICANT: \_\_\_\_\_

DIVISION/DEPARTMENT: \_\_\_\_\_

PERIOD OF ABSENCE: Total Number Of Days: \_\_\_\_\_

First Day: \_\_\_\_\_

Last Day: \_\_\_\_\_

DATE EXPECTED TO RETURN: \_\_\_\_\_

DATE OF RETURN: \_\_\_\_\_

SUPERVISOR NOTIFIED: YES  NO

REASON(S) FOR ABSENCE: \_\_\_\_\_  
\_\_\_\_\_

MEDICAL CERTIFICATE ATTACHED: YES  NO

RECOMMENDATION FOR TIME TO BE MADE UP: YES  NO

IF YES, PLEASE STATE THE DATE(S) & TIME(S): \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
DEPARTMENT HEAD/CHAIRPERSON

**THIS PORTION FOR HUMAN RESOURCES USE ONLY:**

SICK LEAVE ENTITLEMENT: \_\_\_\_\_

DAYS TAKEN TO DATE: \_\_\_\_\_

BALANCE REMAINING: \_\_\_\_\_

SALARY TO BE DEDUCTED: YES  NO

PERMISSION GIVEN FOR TIME TO BE MADE UP: YES  NO

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
DIRECTOR, HUMAN RESOURCES

INITIALS OF RESEARCHER: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_