	IVERSITY OF			_		The University of Chicago Financial Services	
Monthly Absence Report						6054 S. Drexel Avenue Suite 300 Chicago, IL 60637-2612	
(for Staff on Monthly Payroll)							
Employee Name:	Chicago ID:						
Department Name:	Department No.:						
For the month end	ding (month/yea	r)					
	D	ETAILS OF	ABSEN	ICES			
	Hours Per Day:						
	If under 37.5 hrs per week, check work days below **Reduce Salary						
Date						bsences Only Yes	
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*Absences related to FM		d/deducted in hours					
Employee Signatu			1				
Supervisor Signature					Date		
Print Name					Phone No.		
FORM DUE DATE: Se	econd Monday of ea	ch month. DELIVER	≀TO: Month	ıly Payroll Desk, Pay	roll Services, 6054 S. Drexel	Suite 300	