

Absence / Missed Shift Form

Mandatory form for all employees to be completed on their first shift back.

***ALL INFO MUST BE COMPLETED PRIOR TO SUBMITTING THIS FORM!**



For Who

Today's Date:

MMM	DD	YYYY
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Store Info:

CCB#

--	--	--	--	--	--

Store Ph #:

--	--	--	--	--	--	--	--	--	--

Area Code

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Province:

--	--	--

Employee:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Position

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

The below information must be completed on your return to work day and submitted before shift end to your manager.

Absent from work:

Start Date:

--	--	--

Day of Week

MMM	DD	YYYY
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End Date:

--	--	--

Day of Week

MMM	DD	YYYY
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Return to Work Date:

--	--	--

Day of Week

MMM	DD	YYYY
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Reason for Absence:

☐ SICK / ILLNESS

☐ MEDICAL

☐ PERSONAL

☐ OTHER _____

_____ The above days are unpaid and **vacation pay will not be issued.**
Initial Here

_____ **Use vacation pay to cover for the missed shift.**
Initial Here

_____ You may be requested to provide a doctor's note for future absences.
Initial Here

_____ This form will be filed into your employee file and will be reviewed periodically.
Initial Here

_____ You will not be eligible to make up the missed hours if your shift was covered.
Initial Here

Date Received:

(For Office Use Only)

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MMM

DD

YYYY

Location Manager:

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First Name

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Last Name

_____ Employee contacted you a minimum of 2 hours before start of his/her shift
Initial Here

_____ Employee has missed more than 2 shifts in the past 30 days
Initial Here

X

Location Manager

X

Area Supervisor

X

VP of Operations