



CITY AND COUNTY OF SAN FRANCISCO

SUPERVISOR'S REPORT OF ABSENCE OF FIVE (5) DAYS OR MORE

DATE: _____

TO: Departmental Personnel Office

ATTN: _____

Employee's name: _____

Employee's classification & title: _____

This employee was absent from work from (dates) _____ through _____

- I do not have any information about the reason(s) for this absence.
I have the following information about the reason(s) for this absence (please state information in detail and source of the information):

Supervisor's Signature

Supervisor's Name (printed)

Supervisor's Phone Number

Personnel use only:

FORMS SENT

- Automatic FMLA Designation/Informational Letter (DHR FMLA 4)
Your Rights under the Family and Medical Leave Act (DHR FMLA 1)
Employee Request for Family and Medical Leave (DHR FMLA 1A)
Request For Leave (DHR 7-20)
FMLA Employee Checklist

Table with 2 columns: DATE, INITIALS. Includes horizontal lines for data entry.

cc: Personnel File