



**D B SERVICES**

• **Absence Form**

Name of employee .....

Position in company .....

Date absence commenced .....

How absence was reported? .....

By whom? .....

At what time? .....

Did he/she visit a Doctor? .....

If so, was a doctor's certificate received Yes/No (Attach if 'Yes')

Reason of absence .....

.....

Return date? .....

Acknowledged By Director/General Manager/Supervisor/Line Manager

Signed: ..... Date: .....

Position in Company .....

Other notes: .....

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