

ABSENT WITHOUT LEAVE (AWOL) LOG

Complete the information fields in the Employee Information section. Document all referrals to and interactions with the Office of Employee Wellness (EWS) or Equal Employment Opportunity (EEO) Office. Document the date, the communication type (verbal or email), all instruction(s) and deadlines provided to and responses provided by the employee in the Date and Instruction Provided to Employee columns. Include what day of AWOL (1-5) it is for the employee. Document any additional information relative to the AWOL in the Comments column.

EMPLOYEE INFORMATION

Employee Name	Employee Classification	Employee Bargaining Unit
Employee Personal Phone Number	Employee Personal Email	Employee Work Schedule
Supervisor/Manager Name	Supervisor/Manager Phone Number	

Did the employee request or was a referral provided to the employee for:

- Family Medical Leave (FMLA)/California Family Rights Act (CFRA). If so, when:
- Reasonable Accommodation. If so, when:
- Equal Employment Opportunity (EEO). If so, when:

Date	Instruction Provided to Employee	Comments

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_____ Supervisor Signature	_____ Date
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