

**ABSENCES WITHOUT PAY REPORT**

STD. 603 (REV. 10-92)

(1) AGENCY NAME		PAY PERIOD				(5) BATCH ID		(6) DATE KEYED		(7) INITIAL	
		TYPE	MONTH	YEAR							
		(2)	(3)	(4)							
LINE NUMBER	(8) SOCIAL SECURITY NUMBER	(9) EMPLOYEE NAME		(10) POSITION NUMBER				(11) TIME TO BE DOCKED		(12) TIME BASE FRACTION	(13) ABSENCES WITHOUT PAY DATES <i>(Indicate hours if less than a full day.)</i>
		INITIALS	SURNAME	AGENCY	UNIT	CLASS	SERIAL	DAYS	HOURS		
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											

AUTHORIZED SIGNATURE

REPORT DATE

**Attendance data stated herein is correct, complete, and in accordance with all laws and regulations.**

