

MURPHY OIL USA, INC. – Superior Refinery

EMPLOYEE ABSENCE FORM

\_\_\_\_\_  
Date Report Filed

\_\_\_\_\_  
Employee's Name

Reason for absence: \_\_\_\_\_  
\_\_\_\_\_

Dates of Absence: \_\_\_\_\_

Did you give notice to the company of your absence? Give date and time of report and to whom it was made

\_\_\_\_\_  
\_\_\_\_\_

Please state any other facts that would be relevant to your absence.

\_\_\_\_\_  
\_\_\_\_\_

Did you have out patient surgery? \_\_\_\_\_ If so attach a Doctors slip

Date of surgery \_\_\_\_\_

I hereby, certify that the above statement is true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

.....

OFFICE USE ONLY

Approved \_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Services

Disapproved \_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Services

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_