



Absence Request

Absence Information

Employee Name: _____

Employee Number: _____ Department: _____

Supervisor: _____

Type of Absence Requested:

- | | | | |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Sickness Self | <input type="checkbox"/> Vacation | <input type="checkbox"/> Bereavement or
Compassionate | <input type="checkbox"/> Personal (Faculty Only) |
| <input type="checkbox"/> Military | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Maternity/Paternity | <input type="checkbox"/> Other |

Dates of Absence: From: _____ To: _____

Total Hours Off Work : _____

Reason for absence: _____

Any known absences, should be requested at least 2 (two) weeks in advance of the expected leave date.

Employee Signature

Date

Supervisor's Approval

Approved

Rejected

Comments: _____

Supervisor Signature

Date

Reminder: Supervisor should make a copy of the completed absence form for the departmental file and for the employee requesting leave.
Return the completed original form to the Human Resources/Payroll Office

6/30/08