



ABSENCE REQUEST FORM

*Please submit this form to Personnel in Administration Department for processing.

You must submit absence requests, other than sick leave, two days prior to the first day you will be absent.

Employee Name: _____

Employee Number: _____ **Department:** _____

Immediate Supervisor: _____

Type of Absence Requested:

- | | | |
|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Vacation | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Maternity/Paternity | <input type="checkbox"/> Other: _____ |

Date of Absence (MM/DD/Year)

Starting Date: _____ (Starting Time: _____)

Ending Date: _____ (Ending Time: _____)

Total Number of Days or Hours Requested: _____ Day(s) _____ Hour(s)

Reason for Absence: _____

===== **FOR ADMINISTRATION DEPT. USE**=====

Approved

Denied

Comments: _____

Signature of Approval / Denial

Direct Supervisor

Date: _____

President / Administrative Representative

Date: _____