



Absence Request

Absence Information

Employee Name: _____

Employee Number: _____ Department: _____

Supervisor: _____

Type of Absence Requested:

- Sick Vacation Bereavement Time Off Without Pay
 Time in Lieu of Overtime Jury Duty Maternity/Paternity Other

Month	# of Days	Hours	Actual Dates	Month	# of Days	Hours	Actual Dates
January				July			
February				August			
March				September			
April				October			
May				November			
June				December			

Reason for Absence:

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

Employee Signature

Date

Supervisor Approval

- Approved
 Rejected

Comments:

Supervisor Signature

Date