

ABSENCE REQUEST FORM

INSTRUCTIONS

Request must be submitted at least 2 weeks in advance. Complete all sections and submit to timekeeper.

EMPLOYEE INFORMATION

FIRST NAME _____ LAST NAME _____

EMPLOYEE ID # _____

DATE(S) & TIME(S) REQUESTED

DATE(S):	TIME:	HOURS:
DATE(S):	TIME:	HOURS:
DATE(S):	TIME:	HOURS:

TYPE OF ABSENCE

SICK LEAVE (CHECK ONE - MEDICAL DENTAL FAMILY)

PERSONAL HOLIDAY

INFORMAL LEAVE WITHOUT PAY (LESS THAN 11 DAYS)

VACATION

COMMUNITY SERVICE (CHECK ONE - JURY DUTY MILITARY DUTY)

OTHER: _____

EMPLOYEE SIGNATURE

SIGNATURE

DATE

TIMEKEEPER

VACATION BALANCE: _____ SICK TIME: _____ PERSONAL HOLIDAY: _____

DOES EMPLOYEE HAVE ENOUGH TIME TO COVER ABSENCE REQUESTED? YES NO

CHAIR APPROVAL

APPROVED DENIED

CHAIR'S SIGNATURE: _____ DATE: _____