



Absence Request

Absence Information

Employee Name: _____

Supervisor: _____

Type of Absence Requested:

- | | | | |
|----------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Sick | <input type="checkbox"/> Vacation | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Time Off Without Pay |
| <input type="checkbox"/> Revival | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Maternity/Paternity | <input type="checkbox"/> Other |

Dates of Absence: From: _____ To: _____

Reason for
Absence: _____

You must submit requests for absences, other than sick leave, two weeks prior to the first day you plan to be absent.

Employee Signature

Date

Supervisor Recommendation

- ☐ Recommended
- ☐ Not Recommended

Supervisor Signature

Date

Personnel Committee Approval

- ☐ Approval
- ☐ Not Approved

Personnel Committee Signature

Date

Remarks
