



Absence Report REQUEST FORM

Employees must complete this form for absences listed below. It must be submitted to the supervisor in advance for vacation, business days, funeral days and time off with out pay, then forwarded to the Human Resources Office. If actual time take differs from time requested, please inform the Human Resources Office.

Name _____ Employee ID # _____

Date Submitted _____

Date(s)/Time/Hours Absent _____

Reason for Absence:

_____ Personal Illness/Doctor's Appointment

_____ Family Care/Illness

_____ Vacation

_____ Business Day

_____ Funeral/Death

_____ Time off w/ out pay

_____ Other _____

Total Number of Days/Hours Absent _____

The following information is required for this process:

Please Print Legibly

Employee's Name (Print): _____

Employee's Signature: _____

Date: _____

Administrator's Name (Print): _____

Administrator's Signature: _____

Date: _____

For Human Resources Department use only

Leave time balance: _____ Sick Leave
_____ Vacation Leave
_____ Personal Leave

Distribution: White - Human Resources
Scan - Employee