



REQUEST FOR ABSENCE FORM

Department _____

Request for time off of scheduled work day (s)

Notes:

- TYPE:
- Vacation Day (s)
 - Personal Leave
 - Sick Day (s)
 - Leave of Absence
 - Excused Days (without pay)
 - Comp time

Employee _____ Date of request _____, 20 _____
(print name)

I request _____ day (s) or _____ hours time off of scheduled work day

Hours off beginning: Morning _____ to _____ Afternoon _____ to _____

Days (s) beginning _____ 20 _____ thru _____ 20 _____

Approved by:

Signed: _____
Employee Signature

Department Head