



OFFICE OF HUMAN RESOURCES

Absence Request Form

Absence Information

Employee Name: _____

Date: _____

Department: _____

Supervisor's Name: _____

Type of Absence Requested:

- Sick Personal Bereavement Time Off Without Pay
 Military Jury Duty Maternity/Paternity Other:

Dates of Absence: From: _____ To: _____

Reason(s) for Absence:

You must submit requests for absences (except sick and personal leave) two days prior to the first day that you will be absent.

Employee Signature *Date*

Supervisor's Signature *Date*

Cabinet Level Approval

- Approved
 Rejected

Comments:

Cabinet Level Signature *Date*