



Time Off Request

Absence Information

Employee Name: _____

Employee Number: _____

Department: _____

Supervisor: _____

Type of Absence Requested:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Military | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Time Off Without Pay |
| <input type="checkbox"/> Sick* | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Maternity/Paternity | <input type="checkbox"/> Educational/Professional |
| Admin. Time (Away
from Campus, Please
explain below) | <input type="checkbox"/> Other (Please explain
below) | | <input type="checkbox"/> Dev. Time Off |

*Sick leave in excess of 3 consecutive working days should be supported by a medical certificate or evidence administratively acceptable.

Dates of Absence: Start: _____ End: _____

Total hours to be utilized: _____

Reason for Absence:

Employee Signature

Date

Approval

- Approved
 Rejected

Comments:

Supervisor Signature

Date