

Leave Request

ABSENCE REQUEST INFORMATION

Employee Name:

Date:

Department Name and Number:

Employee Number:

Dates of Absence:

From:

To:

Number of Hours Requested:

From (Time and AM/PM):

To (Time and AM/PM):

Type of Absence
Requested:

Sick

Vacation*

Bereavement

Leave Without Pay

Military

Jury Duty

Maternity

Other

Reason for Absence:

You must submit requests to your Department Manager for absences, other than sick leave, a minimum of two days prior to the first day you will be absent or in keeping with your department's policy.

Employee Signature

Date

DEPARTMENT MANAGER REVIEW

Requested Leave is:

Approved

Rejected

Comments:

Department Manager Signature

Date

Submit completed forms to the Departmental Timekeeper for inclusion with the employee's timesheet.

**All full-time benefit eligible employees have FREE access to Assist America Emergency Travel Assistance, if you experience travel health emergencies more than 100 miles from home, just call 800-872-1414 and provide Reference #: 01-AA-STD-5201.*