



Absence Request Form

Step #1 – Employee’s Information

Employee Name: _____
 Department: _____

For departmental planning purposes, please submit absence requests at least five days prior to the first day you are absent when applicable. (This excludes sick time requests)

Dates of Absence:
 From: _____ To: _____

Type of Absence Requested: *(Additional information may be requested)*

Sick Vacation Bereavement for Family Member Time Off Without Pay
 Military Jury Duty Maternity/Paternity Other (explain below)

Reason for Absence:

Employee Signature _____ Date _____

Step #2 – Direct Supervisor’s Approval

Approved
 Rejected (Supervisor must include reason for rejection below)

Supervisor Comments:

Supervisor Signature _____ Date _____

Step #3 – HR/Payroll Internal Auditing Purposes ONLY

This section is for Internal HR/Payroll use only. Please feel free to contact HR/Payroll to confirm your accrued time-off balance to ensure you have the adequate time available to use towards your requested absence(s).

_____ Available Accrued Sick Hours _____ Available Accrued Vacation Hours

Recorded on employees’ accumulation record _____ Date _____