



Absence Request Form

Name: _____

Type of Absence Requested:

Sick Vacation Excess LWOP

Dates of Absence:

From: _____ To: _____

Number of Days: _____ If taking only a ½ Day, please indicate am or pm: _____

Reason for Absence: _____

Requests for Vacation leave must be submitted and approved prior to the start of your absence.

Employee Signature
(by typing your name above you are electronically signing this form)

Date

Approval

Approved

Rejected

Manager or Authorized Signature

Date

HR/Payroll Use Only

Pay Period End Date: _____

Check Date: _____

Calendared: _____

Payroll Allocation: _____