



## Absence Request Form

To: Supervisor  
Cc: Financial Office

### Absence Information

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Type of Absence Requested:

- Sick                       Vacation                       Time Off Without Pay  
 Military                       Jury Duty                       Maternity/Paternity                       Other

Days of Absence: Beginning: \_\_\_\_\_  
(First day and date you will not be in school, e.g., Wednesday, September 6)

Through: \_\_\_\_\_  
(Last day and date you will not be in school, e.g., Friday, September 8)

Reason for Absence:

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor Signature*

\_\_\_\_\_  
*Date*

Absence:  Approved       Not Approved (Reason: \_\_\_\_\_)

**Advance approval is required for personal days. For sick days, please submit form upon return.**