



**Absence Information**

Employee Name, Title and Email: \_\_\_\_\_

Supervisor \_\_\_\_\_

Date of Request \_\_\_\_\_

**Type of Absence Requested:**

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

**Dates of Absence:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Reason for Absence:**

*You must submit requests for absences, other than sick leave, five days prior to the first day you will be absent.*

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

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

**Supervisor Approval**

- Approved  
 Rejected

**Comments:**

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

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