STAFF REQUEST FOR ABSENCE

Name: ________________________________________________  Today’s Date: _________________________

Date(s) of Absence: __________________________________  Time Absent: ___________ to __________

_____________________________    ___________ to __________
_____________________________    ___________ to __________

Date Entered in HR System:  _______________________  Total Hours Absent: ______________

☐ Vacation Time  Total Vacation Time Used: ______________
☐ Personal Time  Total Personal Time Used: ______________
☐ Sick Time  Total Sick Time Used: ______________
☐ Family Sick Time  Total Family Sick Time Used: ______________
☐ Other: ____________________________  Total Other Time Used: ______________

☐ Family Medical Leave Act (checked in addition to one or more boxes above – must be coordinated with HR before
using)

Supervisor Signature: __________________________________  Date: ______________________________

Please submit to the Director of Human Resources when complete

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Name: ________________________________________________  Today’s Date: _________________________

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_____________________________    ___________ to __________
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Supervisor Signature: __________________________________  Date: ______________________________

Please submit to the Director of Human Resources when complete