Staff Request for Absence

Name: ____________________________________  Today’s Date: ________________________

Date(s) of Absence: _______________________  Time Absent: __________ to __________

Total Hours Absent: ______________________  Date Entered Online: _________________

Time Requested:

☐ Vacation Time  Hours of Vacation Time Used: __________

☐ Personal Time  Hours of Personal Time Used: __________

☐ Sick Time  Hours of Sick Time Used: __________

☐ Family Sick Time  Hours of Family Sick Time Used: __________

☐ Comp Time  Hours of Comp Time Used: __________

☐ Other  Hours of Other Time Used: __________

☐ Family Medical Leave Act (Checked in addition to one or more of the boxes above)

(A form must be completed for all FMLA Absences)

Supervisor Signature ____________________________ Date: ________________________