

## ABSENCE REPORT/REQUEST

Name: \_\_\_\_\_  
(Please Print)

Department: \_\_\_\_\_

Date(s) Absent: \_\_\_\_\_

Return Date: \_\_\_\_\_

Total Hours Absent: \_\_\_\_\_

Personal Leave       Unpaid Leave       FMLA

Jury Duty (attach copy of summons)       Catastrophic Leave

Funeral Leave

Explanation: \_\_\_\_\_

Substitute or Job Coverage (Name): \_\_\_\_\_

**All leave is subject to approval by your supervisor, considering the balance of your leave bank, and availability of coverage, etc. ; SEE Personnel Policy on "Leave".**

**Unpaid leave will only be approved by a Director for an emergency situation.**

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_