



COLLEGE OF HEALTH, HUMAN SERVICES & NURSING
ABSENCE REQUEST FORM

DEPARTMENT: _____

PRINT NAME: _____

SUBMISSION DATE: _____

<u>ABSENCE REASON:</u>	<u>Number of Hours</u>	<u>ABSENCE DATE(S)</u> (If Partial Day: Record Number of Hours for Each Day):
SICK (Doctor's letter may be required if out more than 5 days)	<input type="text"/>	_____
MEDICAL APPOINTMENT	<input type="text"/>	_____
VACATION	<input type="text"/>	_____
JURY DUTY	<input type="text"/>	_____
FAMILY SICK/BEREAVEMENT (Please circle applicable absence)	<input type="text"/>	_____
OTHER (Specify reason for "Other" absence)	<input type="text"/>	_____

Relationship:

Provision made for covering responsibilities while on vacation:

EMPLOYEE SIGNATURE / DATE

DEAN or DESIGNEE SIGNATURE / DATE

DEAN or DESIGNEE SIGNATURE/DATE

*Signature does not guarantee leave accruals are sufficient to cover absence.

COMMENT:

[Click here to Upload to Dropbox Link](#)