

DISTRIBUTION: 1-Dean/Department Head, 2-Employee

Absence Request - Report of Absence With Pay Civil Service

Employee's Name			Employee's ID No.		Department (Organization)			
Type of Leave Requested	No. of hours	Beginning End		<u>Endin</u>	_ — g			
		<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>	Reason for Absence	<u>FMLA</u> *	
							□ Yes	□ No
							□ Yes	□ No
							_	□ No
								□ No
								5 🗌 N
Employee Signature:						Date:		
Comments								
submit Absence Request form for returnAbsences without pay must be *Family and Medical Leave Act (annual 12 week entitlement.	or vacation to the reported to Hum FMLA): A copy of le your relationsh	eir immediate s nan Resources all forms design nip to the dece	supervisor for ap and the Payroll gnating FMLA n ased under the	pproval prior to Office on the Re nust be sent to H column "Reasor	taking vacati port of Absei Iuman Resou n for Leave".	d. Except for emergencies, emplo on. Sick leave should be reported nce Without Pay form. Irces and all hours will be counted Please refer to the employee hand	d immediately	upon
Approvals:								
Immediate Supervisor				Dat	e	Approve	e 🔿 Disap	oprove
Department Head				Dat	e		n O Disar	aprovo