ADMINISTRATORS FORWARD REQUEST TO HUMAN RESOURCES
SECRETARIAL/PUBLIC SAFETY SUPERVISORS KEEP FOR YOUR RECORDS

REQUEST FOR APPROVAL OF ABSENCE

NAME_____DEPT_____

Date of this Request_____Dept #_____

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Type of Leave Requested (Please note that a separate request is needed if requested vacation time overlaps months):

☐ Vacation ☐ Maternity ☐ Jury Duty ☐ Personal

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Dates of Absence Requested: (Please combine multiple dates for the same month on the same request)

_____ through _____

Month/Day/Year Month/Day/Year TOTAL:Days/Hrs.

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Employee Signature:_____

Supervisor's Approval:_____

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FOR HUMAN RESOURCES USE ONLY: ( ) hours processed on _____/_____/_____by_____