



Name: _____ Date: _____
Dept: _____
Position: Exempt [] Non-Exempt [] Hourly []

I hereby request permission to be absent from campus:

Beginning Absence Date: _____ Absence Time: _____
(All Day or Estimated HH:MM to HH:MM)

Ending Absence Date: _____ Absence Time: _____ Absence Length: _____
(Hours to nearest tenth of an hour)

Total Number of Hours: _____

Reason:

Planned Absence (Vacation, Personal Holiday, Jury Duty, CTO, using Holiday Credit, etc. EXCLUDING SICK LEAVE):

Sick Leave:

Sick Leave - Self [] Medical Appointment [] Dental Appointment []
- Non-Work Related []
- Work Related []

Sick Leave - Family Illness []
- Relationship _____

Other (Bereavement, Personal Leave, etc.)

- Type of Absence _____ - Relationship for Bereavement Leave _____

Employee's Signature _____

Lead's Approval _____

HEERA Manager's Approval _____