



Absence Information

Employee Name: _____ Employee Number: _____

Supervisor: _____ Work Location: AAEP ADMIN AOP BH DCS SPRING GREY RWRP MOP VOP

Type of Absence Requested: (In Hours) Short Term Leave _____(please explain) Vacation _____ Holiday _____(please specify) Leave Without Pay____(please explain) Catastrophic Leave____(please explain) Bereavement _____ (please explain-name, relationship) Short Term Dis. _____ Military____ Jury Duty_____ Maternity/Paternity_____ Other ____ (please explain)

As requested, please explain: _____ If medical, due to Infectious disease? yes no _____

Dates of Absence: _____ To _____ First day back: _____

***** IF ABSENCE COVER TWO PAY PERIODS, TWO LEAVE FORMS MUST BE FILLED OUT*****

Beginning at _____:_____ a.m. p.m. Ending at _____:_____ a.m. p.m..

If necessary my shift/duties will be covered by _____

Does the rescheduling result in employee overtime? yes no

Total Hours Requested: _____ Total Hours Used: _____

This form is to be completed and submitted for approval prior to vacation, court, military, or other predetermined leave usage. In case of Sick Leave request, or Leave without Pay, the form must be completed and submitted the first day the employee reports back to work.

Employee Signature _____ Date _____

Supervisor Approval

Approved Rejected

Comments:

Supervisor Signature _____ Date _____