



## Absence Request

### 1. Absence Information

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_  FCCSE     IASE     FCCSW     IASW

Supervisor: \_\_\_\_\_

Type of Absence Requested:

Sick                       Vacation                       Bereavement                       Time Off Without Pay

Military                       Jury Duty                       Maternity/Paternity    Other: \_\_\_\_\_

Dates of Absence: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

For vacation, please submit request at least 2 weeks in advance. For all absences, other than sick leave, you must submit request two days prior to the first day of absence.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### 2. Supervisor Approval

Approved                       No salary deduction                       Deduct sick time                       Deduction in salary

Denied

Comments: \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_