



ABSENCE REQUEST APPLICATION

Please print and use a separate form for each type of request.

The Treasurer has been directed by the State Auditor's office and by negotiated agreement to deduct pay for failure to submit this form in a timely manner.

NAME: _____ SUPERVISOR: _____

DATE: _____ DEPARTMENT: _____

REQUEST FOR:

Sick Leave Vacation

Personal Leave *Specify Reason if required* _____
Personal Leave is to be submitted five (5) days prior to the needed day, except in emergencies. It is to be used for an essential personal obligation and a reason must be stated after April 1.

Bereavement Leave *Specify Relationship* _____
Employees should consult their bargaining unit agreement for details regarding bereavement days.

Jury Duty *Attach subpoena*

DATES OF ABSENCE: _____ TIME OF ABSENCE: _____ TOTAL HOURS: _____

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DATES OF ABSENCE: _____ TIME OF ABSENCE: _____ TOTAL HOURS: _____

TOTAL NUMBER OF HOURS REQUESTED: _____

I hereby swear or affirm that the above statement is true.

Employee Signature

Date

Supervisor/Director Approval

Date