

**Absence Request**

**Faculty and Administrative/Professional**

Employee's Name: \_\_\_\_\_ I.D. No: \_\_\_\_\_ Department (Organization) \_\_\_\_\_

Type of Leave Requested	No. of Days	Beginning Date	Ending Date	Reason for Absence	FMLA*
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

My Duties will be covered by: \_\_\_\_\_ Comments: \_\_\_\_\_

Employee's Digital Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approvals:**

Department or Division Head: \_\_\_\_\_ Date \_\_\_\_\_  Approve  Disapprove

Dean or Director: \_\_\_\_\_ Date \_\_\_\_\_  Approve  Disapprove

Vice Chancellor/Chancellor:\*\*\* \_\_\_\_\_ Date \_\_\_\_\_  Approve  Disapprove

Note: All leaves from scheduled work must be approved at least one week in advance when possible. Sick leave should be reported immediately upon return.  
\* Family Medical Leave Act (FMLA): A copy of all forms designating FLMA must be sent to Human Resources and all time will be counted against the employee's annual 12 week entitlement.

\*\*For Bereavement Leave include your relationship to the deceased under the column "reason for Absence". Please refer to the Employee Handbook for the Bereavement Leave policy at

\*\*\*Approval needed for Dean/Director reporting to the Vice Chancellor

**DISTRIBUTION:** 1-Dean/Director 2-Department 3-Employee