

**ABSENCE REQUEST**

DGS OHR 21 (Rev. 3/1995)

*Requests for absence must be completed and submitted to you supervisor in advance. Enter your choice of absence type and dates below. Refer to the Department's Personnel Manual for further absence information. Approval of your request will be governed by available relief and workload.*

EMPLOYEE'S NAME	POSITION
OFFICE	UNIT OR SECTION

I REQUEST THE FOLLOWING FOR

**LESS THAN ONE WORK DAY**

DATE	HOURS	TOTAL HOURS
	FROM TO	

**ONE WORK DAY OR MORE**

FIRST CHOICE	NUMBER OF DAYS	BEGINNING (Hour, Month, Day, Year)	THROUGH (Hour, Month, Day, Year)	TOTAL HOURS
SECOND CHOICE	NUMBER OF DAYS	BEGINNING (Hour, Month, Day, Year)	THROUGH (Hour, Month, Day, Year)	TOTAL HOURS

EMPLOYEE'S SIGNATURE	DATE
	

LESS THAN ONE WORK DAY	Granted	Not Granted	ONE WORK DAY OR MORE	First Choice Granted	Second Choice Granted	Not Granted
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SUPERVISOR'S SIGNATURE	DATE
	

COMMENTS

ABSENCE CODES (These codes are the same as those on the STD 634, Absence and Additional Time Worked Report)

A/L - Annual Leave

E - Paid Educational Leave

NDI - Nonindustrial Injury

SF - Sick Leave - Family

TE - Using Excess Hours Credits SW

B - Bereavement Leave

J - Jury Duty

PL - Personal Leave

SW - Subpoenaed Witness

TH - Using Holiday Credits

C - Catastrophic Leave

M - Military Leave (Short-Term)

SD - Sick Leave - Death in Family

TD - Temporary Disability (Industrial)

TO - Using Overtime Credits