

Requests for absence must be completed and submitted to your 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.

**SECTION 1 – EMPLOYEE INFORMATION**

EMPLOYEE FULL NAME (Last, First M.I.) CLASSIFICATION  
DIVISION/OFFICE UNIT/SECTION

**SECTION 2 – ABSENCE REQUEST INFORMATION**

I REQUEST THE FOLLOWING DAYS OFF FOR:

DATE(S) TIME (HH:MM) – (HH:MM) TOTAL HOURS

COMMENTS

EMPLOYEE SIGNATURE

DATE

**SECTION 3 – SUPERVISOR REVIEW**

The following days have been granted:

The following days have been denied:

SUPERVISOR NAME

SUPERVISOR SIGNATURE

DATE