

UNCLASSIFIED & CLASSIFIED TIME OFF REQUEST

DATE: _____

TO: _____
Supervisor's Name

Supervisor's Title

FROM: _____ (Print/Type Name) _____ (Sign Name)

I request permission to be absent from the University on the following date(s):

_____ To _____

Vacation _____ #of hours

Personal Holiday _____ # of hours

Sick _____ # of hours

Other (Explain) _____

While absent I may be contacted at: _____

During my absence, my duties will be taken care of by: _____

****NOTE: PLEASE CONTINUE TO NOTIFY SUPERVISOR ON DAYS OF UNPLANNED ABSENCES. UPON RETURN TO WORK, PLEASE COMPLETE AND SUBMIT TIME OFF REQUEST FORM TO SUPERVISOR FOR APPROVAL.**

APPROVED

NOT APPROVED

Supervisor's Signature

ROUTE APPROVED FORM TO
PAYROLL/ABSENT MANAGEMENT COORDINATOR