



Application for Approved Absence

Name: _____ Department: _____

Requested Time and Dates of Absence: _____

This absence of _____ hours is properly chargeable to:

Sick Leave: (check appropriate box and give explanation)

1. For personal illness or incapacity
2. Incapacity due to pregnancy
3. Quarantine by public health officer
4. Medical or dental appointment: Time: _____ Location _____
5. Illness or injury to members of immediate household (limited to five days)
6. Special request for additional leave(give explanation)
7. Special request for immediate familyoutside immediate household (give explanation)
8. Work-connected injury (attach copy of incident report)

Funeral Leave for: _____ Relationship _____

Leave of Absence Without Pay (give explanation)

Vacation

Short Term Absence Without Pay

Other (i.e. professional development, union educational leave, jury duty, etc.)
Provide documentation and explanation

Explanation of Leave Request: _____

I understand falsification of leave records is just cause for immediate discharge.

Employee Signature: _____ Date: _____

Date: _____
Approval by Human Resources for exceptions or special requests

Approval or Denial: _____ Date: _____
Supervisor's Signature

Approval or Denial: _____ Date: _____
Department Head's Signature