

REQUEST FOR ABSENCE FROM CAMPUS

NAME: _____ DATE: _____

Administrative approval to be absent from campus from _____ to
_____. The first day I will be back on campus is _____.

Work days to be absent: _____

Number of paid leave hours requested: _____

Arrangements for my office/duties during my absence:

Telephone number or address where I may be reached in an emergency:

Signature

Approval

Title