

## ABSENCE REQUEST FORM

<b>EMPLOYEE NAME</b>	<b>LAST</b>	<b>FIRST</b>	<b>MI</b>	<b>LAWSON ID</b>	<b>DEPARTMENT #</b>
<b>CONTACT INFO</b>	<b>WORK</b>			<b>ALTERNATE</b>	
<b>LEAVE START DATE</b>	<b>LEAVE END DATE</b>	<b>RETURN TO WORK DATE</b>		<b>TOTAL TIME REQUESTED</b>	
				<b>HRS</b>	<b>MIN</b>

Please check one of the boxes below (One Request Per Form)

<b>PLANNED PERSONAL</b>			<b>SEIU RN PAD</b>	
<b>MAINTAIN 40 HRS OF PL (SEIU &amp; AFSCME)</b>	<b>YES</b>	<b>NO</b>	<b>SEIU SOCIAL WORKER TRAINING</b>	
<b>GSAF PAID ADMINISTRATIVE DAYS</b>			<b>AFSCME TRAINING</b>	
<b>VOTING</b>			<b>AFSCME REST &amp; RECUPERATION</b>	
<b>JACKSON MANDATED TRAINING (MUST LIST CLASS AND LOCATION OF TRAINING)</b> <b>DIRECTOR SIGNATURE REQUIRED FOR</b>			<b>BUSINESS ADMINISTRATIVE LEAVE</b> <b>ALL TRAINING OFF CAMPUS - VP SIGNATURE REQUIRED FOR APPROVAL</b>	
<b>NON-UNION PHYSICIAN EDUCATION DAYS</b>			<b>SEIU PHYSICIAN EDUCATION DAYS</b>	

<b>COMMENTS / DESCRIPTION</b>	
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<b>EMPLOYEE SIGNATURE</b>	<b>DATE REQUESTED</b>

### SUPERVISOR SECTION ONLY

<b>SUPERVISOR NAME</b>	<b>LAST</b>	<b>FIRST</b>	<b>MI</b>	<b>LAWSON ID</b>	<b>DEPARTMENT #</b>
<b>CONTACT INFO</b>	<b>WORK</b>			<b>ALTERNATE</b>	
<b>SUPERVISOR SIGNATURE</b>				<b>DATE RECEIVED</b>	

<b>APPROVED</b>	<b>COMMENTS / CHANGES TO LEAVE REQUEST / DENIAL REASON(S)</b>
<b>YES</b>	
<b>NO</b>	

\* Reminder - Upon approval to update your employee's Kronos timecard (with the exception of BAD, BAD will be sent to the Leave office for coding after approval).