

**ABSENCE NOTICE**

**EMPLOYEE'S NAME:** \_\_\_\_\_

**PERIOD OF ABSENCE:**

From: \_\_\_\_\_ a.m. \_\_\_\_\_ a.m.  
p.m. \_\_\_\_\_ p.m.  
time date time date

**CHARGE TO: # HOURS**

Vacation ..... \_\_\_\_\_

Sick Leave .....  Family Care .....  Family Death ..... \_\_\_\_\_

Leave Without Pay ..... \_\_\_\_\_

Compensatory Time Off ..... \_\_\_\_\_

**REASON** (for item checked above): \_\_\_\_\_

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Department approval signature

D1371 (7/79) CALCODE 71461-107