



ABSENCE APPROVAL REQUEST FORM

NAME: _____

TODAY'S DATE: _____

TYPE OF ABSENCE: _____

SICK LEAVE: _____

PERSONAL LEAVE: _____

PROFESSIONAL LEAVE: _____

VACATION LEAVE: _____

OTHER: _____

DATE(S) REQUESTED: _____

REASON: _____

SIGNATURE: _____

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APPROVED: _____ **WITH PAY:** _____ **WITHOUT PAY:** _____ **DISAPPROVED:** _____

EXPLANATION: _____

EXECUTIVE DIRECTOR SIGNATURE: _____

DATE: _____