

**ABSENCE FROM WORK
RETURN FROM LEAVE FORM**

Name _____ Department _____

Job Title _____ Supervisor _____

NOTE: This form must accompany timesheet

AWAY FROM WORK REQUEST

REASON:

- | | |
|--|--|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Family Illness |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Family Death (name) _____ |
| <input type="checkbox"/> Doctor Appointment | <input type="checkbox"/> Other (Explain) _____ |
| <input type="checkbox"/> Jury Duty | _____ |
| <input type="checkbox"/> Military | _____ |
| <input type="checkbox"/> Training Conference | |

MY LEAVE BALANCE BEFORE THIS REQUESTED LEAVE: _____ Vacation _____ Sick

TIME REQUESTED:

From: Date _____ Time _____ A.M. Total number of
P.M. hours requested: _____

To: Date _____ Time _____ A.M. Total number of
P.M. days requested: _____

Regular Work Shift: _____

Employee Signature: _____ Date _____

SUPERVISOR APPROVAL:

Approved Signature _____ Date _____

RETURN FROM LEAVE STATUS

To be completed by Human Resources:

ABSENT:

From: Date _____ Time _____ A.M./P.M. To: Date _____ Time _____ A.M./P.M.

Total number of working days absent: _____

- () Excused/warranted
() Not excused/not warranted (explain) _____

EMPLOYEE STATUS:

- () Resumed part-time work
() Resumed full-time work
() Resumed modified duty (explain) _____
() Other (explain) _____

DISTRIBUTION:

- Leave Request from Dept Manager - Take original to Administrator of your work division for approval & signature. After approved: Copy to Payroll with timesheet. Keep copy for employee file.
- Employee Request - Take original to Supervisor for approval & signature. Supervisor - Copy to Payroll with timesheet. Keep copy for employee file.