LINDSEY WILSON COLLEGE
ABSENCE REQUEST FORM

This form is used to request and report leave. Request for any excused absence should be submitted and approved at least two weeks before the absence occurs. When absence is due to sudden illness, accident, or death, the request must be submitted within 3 working days of return to work. All absences must be approved by the employee's supervisor and in accordance with the rules set forth in the Employee Handbook.

Employee Name	**Department**	**Date**

VACATION	
Please use a separate line for each day you are absent.	
Date	Hours Taken
Total Hours	

SICK	
Please use a separate line for each day you are absent.	
Date	Hours Taken
Total Hours	

BEREAVEMENT	
Please use a separate line for each day you are absent.	
Date	Hours Taken
Total Hours	

UNPAID LEAVE	
Please use a separate line for each day you are absent.	
Date	Hours Taken
Total Hours	

I certify that this record is accurate and accounts for time not worked during the date(s) indicated.

Employee Signature	Date
Supervisor Signature	Date

For Office Use Only	
Entered into Banner	