

NOTIFICATION OF ABSENCE FORM

EMPLOYEE NAME: _____

EFFECTIVE DATES: _____ **FROM** _____ **THROUGH** _____

EMPLOYEE'S SIGNATURE: _____ **DATE** _____

SUPERVISOR SIGNATURE: _____ **DATE** _____

REASONS OR COMMENTS: (i.e. Appointment, Sick, Seminar):

PLEASE SPECIFY TIME YOU WOULD LIKE PAYROLL PERSONNEL TO USE FOR THIS ABSENCE: (circle or specify otherwise)

VACATION COMP. TIME PERSONAL

SICK OTHER _____

Form is to be delivered to Delma Gonzalez or Kelly Bryant prior to absence. If sick and unable to deliver form, you need to call the Payroll Department and the form can be filled out over the phone as to the reason of absence.