

# BUSINESS SERVICES ABSENCE REQUEST FORM

NAME \_\_\_\_\_

	<u>CHECK</u>	<u>DATES</u>	<u>TOTAL HOURS</u>
<i>Sick (Personal)</i>	<input type="checkbox"/>	_____	_____
<i>Sick (Family &amp; Bereavement)</i>	<input type="checkbox"/>	_____	_____
<i>Sick (Industrial)</i>	<input type="checkbox"/>	_____	_____
<i>Personal Business</i>	<input type="checkbox"/>	_____	_____
<i>Jury Duty</i>	<input type="checkbox"/>	_____	_____
<i>Vacation</i>	<input type="checkbox"/>	_____	_____
<i>Grandfather Vacation</i>	<input type="checkbox"/>	_____	_____
<i>Other *</i>	<input type="checkbox"/>	_____	_____

\* Please explain \_\_\_\_\_

Immediate Supervisor's Approval \_\_\_\_\_

cc: Immediate Supervisor

NOTE: *Personal Business is charged to sick leave.*