ABSENCE NOTICE

EMPLOYEE'S NAME: _____

PERIOD OF ABSENCE:

From: _____ a.m. / p.m. _____ to: _____ a.m. / p.m. _____
time date time date

CHARGE TO: **# HOURS**

☐ Vacation ..... _____

☐ Sick Leave ..... ☐ Family Care ..... ☐ Family Death ..... _____

☐ Leave Without Pay ..... _____

☐ Compensatory Time Off ..... _____

REASON (for item checked above): _____

_____

_____ _____

Employee's signature Department approval signature

D1371 (7/79) CALCODE 71461-107