PERSONAL LEAVE OF ABSENCE REPORT

Name _________________________________________ Date Submitted_____________

Length of Leave: Days ____________
Hours _______________ (If less than 8 hours)

First Date of Leave: _______________ Last Date of Leave: _______________

Indicate Reason for Absence:

_______ Personal Illness: Was physician consulted? Yes ________ No ________

_______ Family Illness

_______ Military leave

_______ Dentist

_______ Jury Duty

_______ Personal day

_______ Vacation

_______ Other: __________________________________________________________

_______ Leave without pay: ______________________________________________

_______ Professional Development:

Where? ______________________________________________________________

What? ______________________________________________________________

FOR FACULTY USE: If classes are missed, provide following information:

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<tr>
<th>Classes Missed</th>
<th>Arrangements</th>
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Employee Signature

____________________________________

Supervisor Approval ______________________ Date Received ______________

SEND COMPLETED FORM TO HUMAN RESOURCES