

School of Civil & Environmental Engineering

Time Away From Work Request

Today's Date:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Funeral Leave | <input type="checkbox"/> Approved |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Not Approved |
| <input type="checkbox"/> Personal Leave | <input type="checkbox"/> *Comp Time | |
| <input type="checkbox"/> Sick Leave | | |

Name:

Date(s) of Absence:

Reason (Optional):

Employee's Signature

Supervisor's Signature

*Date worked or event attended for comp time earned: