

NOTICE OF ABSENCE/REQUEST FOR LEAVE

EMERGENCY

CALL-INS

PRE-APPROVED

TYPE OF LEAVE:

Sick/Illness

NAME: _____

DEPT: _____

Short Term Hourly Student Worker

DURATION OF ABSENCE: *(all employees should fill out)*

Date(s) missed: _____

Total hours missed: _____

EXPLANATION *(if necessary)*: _____

Employee Signature

Supervisor's Review/Approval

Date

Date

Call-In notification received by: _____

Date: _____

**Original-Forward to Human Resources
Copy-Originating Department**