

REQUEST FOR ABSENCE

COLLEGE OF ENGINEERING

College of Engineering One Washington Square San José, CA 95192-0080

408-924-3800 408-924-3818 (fax)

1. 2.	Complete, sign and date form, then submit to Supervisor for consideration in terms of accruals, operational needs, and schedule. For Section D below, attach copy of event information and Request for Approval of Travel.				
	2. To contain a solom, attach copy of event intermation and request to 7 pprovide of march.				
Employee Name:			Employee ID:		
Signature:				Date:	
Ų	Vacation	•	Jury Duty / Subpoenaed Witness (attach copy of summons)		
v	Personal Holiday	Ü	Bereavement		
v	СТО	Ü	Informal Leave W/O Pay (up to 15 days)		
v	Personal Sick Leave	v	Leave of Absence (more than 15 days - submit LOA form)		

Work Related Injury (see Workers' Comp Specialist)

TOTAL NUMBER OF HOURS REQUESTED:

Family Sick Leave
Other (explain): _____

Date(s): ____