

2009 ABSENCE REQUEST



Instructions:

1. *Indicate requested type of leave.*
 2. *If attending a meeting include the name, location and a contact number*
 3. *Sign the form and process as indicated:*
 - a. *Faculty: forward completed form to Pete Santago*
 - b. *Staff: forward completed form to Karen Watson*
 - c. *Students: obtain Advisor approval/signature and forward completed form to Karen Watson*
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NAME

DATES OF ABSENCE

CHARGE TO:

- Vacation
- Sick Leave
- Self Family
- Meeting
- Meeting Name
- Location
- Other

Explain:

EMERGENCY CONTACT NUMBER: _____

Employee Signature: _____ Date: _____

Department Approval Signature: _____ Date: _____

SBES Students must obtain Advisor approval prior to submitting to SBES Administration

Advisor Signature: _____ Date: _____