

CO USE ONLY
Posted _____

**CLASSIFIED STAFF
ABSENCE FORM**

Employee Name _____ Building _____

	<u>Date(s) of Leave</u>	<u>Time Normally Worked</u>
Type of Leave		
<input type="checkbox"/> Vacation	_____	_____
<input type="checkbox"/> Personal Sick	_____	_____
<input type="checkbox"/> Family Sick-in household	_____	_____
<input type="checkbox"/> Family Sick-out of household	_____	_____
<input type="checkbox"/> Bereavement-Family	_____	_____
<input type="checkbox"/> Bereavement-Other	_____	_____
<input type="checkbox"/> Civic	_____	_____
<input type="checkbox"/> Floating Holiday	_____	_____
<input type="checkbox"/> Compensatory Time	_____	_____
<input type="checkbox"/> Retirement Seminar	_____	_____

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

(Original to Payroll Office. Please make a copy if you would like one)

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