

CO USE ONLY  
Posted \_\_\_\_\_

**PAYROLL EXCEPTIONS  
STAFF ABSENCE FORM**

Employee Name \_\_\_\_\_ Building \_\_\_\_\_

Type of Leave	Date(s) of Leave
<input type="checkbox"/> Vacation	_____
<input type="checkbox"/> Personal Sick	_____
<input type="checkbox"/> Family Sick	_____
<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. If you want copies you need to make them.)

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