



# ABSENCE FROM OFFICE REQUEST



**Note: Please check the applicable union contract or County policy for limitations regarding using leave time.**

Employee's Name: \_\_\_\_\_

Today's date: \_\_\_\_\_

VACATION LEAVE  COMP LEAVE  Other: \_\_\_\_\_

**ABSENT ALL DAY**

Dates: \_\_\_\_\_

**ABSENT A PORTION OF THE DAY**

Date: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

SICK LEAVE

**ABSENT ALL DAY**

Date of appointment: \_\_\_\_\_

Time of appointment: \_\_\_\_\_

Doctor Appt.  Dentist Appt.  Other \_\_\_\_\_

For:  Employee  Immediate Family (Child, Spouse, Parent)

**ABSENT A PORTION OF THE DAY**

Date of appointment: \_\_\_\_\_

Time of appointment: \_\_\_\_\_

Time leaving: \_\_\_\_\_ Time returning: \_\_\_\_\_

APPROVED

DENIED

Signature: Official / Supervisor \_\_\_\_\_

Date \_\_\_\_\_

*Provide copy to Employee*