

Notification of Absence from Campus

Please refer to the SOU Unclassified Paid and Unpaid Leave Policy FAD.011 or the SEIU and APSOU Collective Bargaining Agreements.

Employee Name: _____		Date: _____	
Title: _____		Department: _____	
Dates of Absence Requested:			
Continuous Block of Time: From: _____ Through: _____ <div style="text-align: center; margin-left: 100px;">Month/Day/Year</div> <div style="text-align: center; margin-right: 100px;">Month/Day/Year</div>			
OR List Specific Day(s): _____			
Total number of hours: _____			
Select Type of Request Below:			
<input type="checkbox"/> Vacation	<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Bereavement Leave	<input type="checkbox"/> Leave without Pay - Documentation on file with Human Resources
<input type="checkbox"/> University Business	Define name and purpose of Business: _____ _____ In my absence, the following individual will be available on campus to reach me: _____ _____		
<input type="checkbox"/> Other	Reason for Leave: _____ _____ _____		
Employee Name (Print): _____			
Employee's Signature: _____ Date: _____			
* If approved, be sure to record the absence in Web Time Entry. For more information visit the Service Center page at https://inside.sou.edu/sc/wte.html			
Supervisor Approval: <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove			
Supervisor Name (Print): _____			
Signature: _____ Date: _____			