

TIME AWAY FROM WORK REQUEST

DEPARTMENT: _____

Today's Date _____

Name _____

I hereby request the following day(s) as time-away
for the calendar year _____

<u>Dates</u>	<u># of Days</u>
_____ through _____	_____
_____ through _____	_____
_____ through _____	_____

Emergency Contact Phone Number _____

Please check the appropriate box below:

- Vacation Funeral Jury Duty
 Other _____

I will be off-campus the following day(s) for a
conference/training time/etc.

<u>Dates</u>	<u># of Days</u>
_____ through _____	_____
_____ through _____	_____
_____ through _____	_____

Name of Conference/Training _____

Location of conference/training _____

Emergency Contact Phone Number _____

Employee Signature _____

Supervisor Signature _____ Date _____

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