



ABSENCE NOTICE

Employee: _____ Date: _____

Department: _____ Exempt Non-Exempt

I was/will be absent _____ days. Month(s): _____

Day(s): _____ Year: _____

This time off is classified as: Vacation Sick Personal Day Leave without pay
(Non-Exempt Only)

Other: _____

Employee's Signature: _____ Supervisor's Signature: _____

Please return your completed Absence Notice to your supervisor for approval and processing

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