GORDON COLLEGE

REQUEST FOR ABSENCE

TO: _____ DATE _____
(Department Head)

FROM: _____
(Employee)

I request permission to be absent from the campus of Gordon College for:

☒ ANNUAL LEAVE

DATE(S)	TIME(S)

TOTAL HOURS ABSENT _____

☐ SICK LEAVE

DATE(S)	TIME(S)

TOTAL HOURS ABSENT _____

Purpose (required): _____

Approved _____ Signed _____
(Department Head) (Employee)

INSTRUCTIONS

This form must be prepared in duplicate and forwarded to the immediate supervisor. This form is to be used when the employee plans to take annual leave and/or when the employee plans to schedule a doctor's appointment on a future date or is absent due to an illness. NOT Required for Campus Holidays.

Once approved by the supervisor, a copy of this request should be returned to the employee. The original of the approved request should be verified and attached to either the Biweekly Time Sheet or the Monthly Report of Absence and submitted to the Payroll/Personnel Office on the appropriate dates.