

**College for Creative Studies
Absence Request/Report**

Name: _____ Date: _____

I would like to request that the following absence(s) be charged as follows:

- | | |
|---------------------|--------------------------|
| Absence without pay | Other _____ |
| Funeral leave | Paid time off |
| Jury duty | Short-term disability |
| Leave of Absence | Travel (off campus work) |

Date of Absence(s)	# of Days
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If this absence is due to Travel, please indicate the event: _____

Prior to this request, I had _____ paid time off days, I now have _____ days.

Comments: _____

_____ Employee Signature	_____ Date	Approved _____
_____ Supervisor Signature	_____ Date	Denied _____

Please forward to Human Resources and retain a copy for you and/or your supervisor if needed