

**NORTHERN ARIZONA UNIVERSITY  
RECORD OF ABSENCE**

**This form must be completed and presented personally to the appropriate department head/ manager in sufficient time for proper action.**

Employee ID: Find this on "View Paycheck" in LOUIE self service.

Check appropriate box and enter department name below.

Date \_\_\_\_\_  
 Employee ID \_\_\_\_\_  
 Name \_\_\_\_\_ Department \_\_\_\_\_

Enter the date you fill out the form.

Administrator  Professional  
 Faculty  Classified Staff

Date(s) of Absence \_\_\_\_\_

Enter the date you are requesting to use furlough.

Whole or tenths of hours ONLY

Sick \_\_\_\_\_ HOURS

Vacation \_\_\_\_\_ HOURS

Compensatory Time Off  
Non-Exempt Employees only \_\_\_\_\_ HOURS

Leave/Time Off Without Pay \_\_\_\_\_ HOURS

Furlough/Time Off Without Pay\* \_\_\_\_\_ HRS/WK1 \_\_\_\_\_ HRS/WK2

Other(Please explain in comments) \_\_\_\_\_ HOURS

Jury Duty \_\_\_\_\_ DAYS

Bereavement Leave \_\_\_\_\_ DAYS  
In-state 3 days/ Out-of-state 5 days

Enter number of furlough hours requested per week of the pay period.

Comments: \_\_\_\_\_

**UNIVERSITY BUSINESS** \_\_\_\_\_ DAYS

Reason for absence \_\_\_\_\_

Destination \_\_\_\_\_

Date and time of departure \_\_\_\_\_

Date and time of return \_\_\_\_\_

**Faculty Only:** THIS TRIP THIS SEMESTER

Days missed (Excluding Sat., Sun., Holidays) \_\_\_\_\_

Provision for class(es) during absence: \_\_\_\_\_

**SIGNATURES:**

Sign and date the form.

Employee \_\_\_\_\_ Date \_\_\_\_\_

Department Head/ Supervisor/ Manager \_\_\_\_\_ Date \_\_\_\_\_

Dean/ Director \_\_\_\_\_ Date \_\_\_\_\_

Submit form to Supervisor/Chair and Dean/Director for approval.

\*For furlough, indicate number of hours taken per week.

