



## ABSENCE WITHOUT PAY

Name\_\_\_\_\_

Employee ID Number\_\_\_\_\_

Department\_\_\_\_\_

Dates of Absence\_\_\_\_\_

\*Total Hours Without Pay\_\_\_\_\_

Reason for Absence\_\_\_\_\_

\_\_\_\_\_  
Employee Signature (Required)

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\*This form to be used for 80 hours of leave or less. During this time, no sick/vacation time will be accrued.