

**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.**

Date _____ Administrator Professional
Employee ID _____ Faculty Classified Staff
Name _____ Department _____
Date(s) of Absence _____

Sick _____ HOURS
Whole or tenths of hours ONLY
 Vacation _____ HOURS

Comments _____

Bereavement Leave _____ DAYS
(In-state 3 days/ Out-of-state 5 days)
 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: _____

Leave Without Pay _____ HOURS

Compensatory Time Off _____ HOURS

Non-exempt Classified Staff Employees only

SIGNATURES:

Employee

Department Head/ Supervisor/ Manager

Dean/ Director