



## Absence Form

Employee Name: \_\_\_\_\_

Otis ID: (X Number) \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Number of Days Requested: \_\_\_\_\_

Number of Hours Requested (if less than full day): \_\_\_\_\_

Reason for Absence:

Hours Posted  
(Payroll use only)

<input type="checkbox"/> Vacation	Date: _____ Through: _____	_____
<input type="checkbox"/> Sick Leave (for Self)	Date: _____ Through: _____	_____
<input type="checkbox"/> Sick Family	Date: _____ Through: _____	_____
<input type="checkbox"/> Bereavement Leave	Date: _____ Through: _____	_____
<input type="checkbox"/> Jury Duty	Date: _____ Through: _____	_____
Other**	Date: _____ Through: _____	_____

Please note a standard work day is 7.5 hours

\*\*Explanation for other absences:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Click Submit to Payroll or deliver the approved form to the Payroll window located on the 2<sup>nd</sup> floor of Ahmanson Hall.