# OTIS
Otis College of Art and Design

## 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)

☐  Vacation              Date: _____  Through: _____      _____

☐  Sick Leave (for Self) Date: _____  Through: _____      _____

☐  Sick Family           Date: _____  Through: _____      _____

☐  Bereavement Leave     Date: _____  Through: _____      _____

☐  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 2nd floor of Ahmanson Hall.