

**WESTERN OKLAHOMA STATE COLLEGE
Employee Absence Request Form**

Employee Name _____ Last 4 SSN _____ Date _____

Request to be absent from duty for the following reason(s):

SICK LEAVE

From: _____ To: _____
Time Date Time Date

Total chargeable against sick leave: _____ hours

Personal Illness/Appointment/Family: _____

Attending physician: _____ Phone number: _____

FUNERAL LEAVE

From: _____ To: _____
Time Date Time Date

Total chargeable against funeral leave: _____ hours

VACATION LEAVE / FACULTY PERSONAL LEAVE

Date _____ through _____ Number of hours _____

Date _____ through _____ Number of hours _____

Total chargeable against vacation/personal leave: _____

JURY LEAVE

Date _____ through _____ Number of hours _____

Date _____ through _____ Number of hours _____

Total time taken _____

COMP TIME LEAVE (Non Exempt Employees Only)

From: _____ To: _____
Time Date Time Date

Total chargeable against comp time leave: _____ hours

Signature of Employee

Signature of Supervisor

This employee's absence report form must be completed by all full time employees of the college, in advance if possible, for all absences from regular duty hours other than approved travel status.