

# PERSONAL LEAVE OF ABSENCE REPORT

Name:  Date Submitted:

Length of Leave: Days:

Hours:  (If less than 8 hours)

First Date of Leave:  Last Date of Leave:

## Indicate Reason for Absence:

Personal Illness: Was a physician consulted?  Yes  No

Family Illness  Military Leave

Dentist  Jury Duty

Personal Day  Vacation

Other:

Leave without pay:

Professional Development:

Where?

What?

FOR FACULTY USE: If classes are missed, provide following information:

### Classes Missed

### Arrangements

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

\_\_\_\_\_  
Supervisor Approval

\_\_\_\_\_  
Date Received

**SEND COMPLETED FORM TO HUMAN RESOURCES**