

**Absence Request**

**Absence Information**

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

Personnel Number: \_\_\_\_\_  Bi-Weekly  Monthly

Supervisor: \_\_\_\_\_

Type of Absence Requested:

- Sick  Vacation  Floating Holiday  Time Off Without Pay  
 Funeral  Jury Duty  Other

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Please note that paid or unpaid leave taken for five consecutive days or more for any of the following purposes will reduce your twelve weeks of eligibility for family/medical leave: (1) the birth and first-year care of your child or the placement of a child with you for adoption or foster care; (2) your serious health condition; (3) a serious health condition of your spouse, child, or parent; (4) the death of an immediate family member. For more information about family/medical leave see the Human Resources Policy: <http://bf.unl.edu/hrpolicy/OtherLeaves.shtml> - familymedical or inquire in Human Resources about viewing a copy of the Human Resources Policies & Procedures.

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

\_\_\_\_\_  
*Date*

**Supervisor Approval**

- Approved  
 Rejected

Comments:

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

\_\_\_\_\_  
*Date*