

MILES COLLEGE ABSENCE REPORT/VACATION REQUEST

Name: _____

Social Security #: (Optional) _____ Hire Date: _____

Department: _____

Supervisor: _____

TYPE OF ABSENCE: Sick ____ Personal ____ Bereavement ____ Jury Duty ____

Absence Beginning Date: _____ Absence Ending Date: _____

Total Number of Hours Used _____

VACATION: Start Date _____ End Date _____

Start Date _____ End Date _____

Total Day(s) Requested _____ **Total Week(s) Requested** _____

I certify that the above is a true statement of the hours used by the employee listed above:

Date *Employee's Signature*

I certify that this is a true statement of the hours used by the employee listed above:

Date *Immediate Supervisor's Signature*

Date *Administrative Supervisor's Signature*

EXCEPT FOR VACATION REQUESTS ONLY:

THIS FORM MUST BE COMPLETED AND RETURNED TO THE HUMAN RESOURCES OFFICE THE DAY THE EMPLOYEE RETURNS TO WORK.

NOTE: ALL PERSONAL TIME TAKEN MAY BE SUBJECT TO NON-PAYMENT