



AUGUSTA UNIVERSITY

Department of Operations

Absence Request

Please submit requests for absences, other than sick leave, as far in advance as possible.

Employee Name: _____

Annual Leave _____ Sick _____ Jury Duty _____ Unscheduled Holiday _____

Dates of Absence: _____

Please provide the name of your Backup Person: _____

Contact Number of Backup Person: _____

EMPLOYEE SIGNATURE: _____ Date: _____

Comments:

Approval

Approved: _____ Not Approved: _____

Comments:

Karla K. Leeper, PhD.: _____ Date: _____

EVP, Operations