

Department of Family Medicine
University of South Alabama

REQUEST FOR ABSENCE FROM WORK
STAFF

I. _____
Name Date of Request

II. I request permission to be absent from my regular duties for a period of _____
consecutive calendar days:
_____ to _____ (inclusive)

III. The purpose of my absence is:
_____ PTO
_____ Meeting (attach University COM Request to be Absent Form)
_____ Other (specify) _____

IV. Approval:
Employee: _____ Date: _____
Supervisor: _____ Date: _____
