# ABSENCE FORM

for

***OVERTIME ELIGIBLE CLASSIFIED STAFF***

**ADVANCE REQUEST FOR LEAVE or NOTICE OF UNPLANNED ABSENCE**

*This document is intended for planning and leave approval purposes and must be retained in the department for six years.*

*All time and leave must be reported on the Positive Time Report at the end of each pay period.*

| **NAME** | **DEPARTMENT** |
|---|---|

**From:** HOUR ____ AM PM ____ DATE ____ **To:** HOUR ____ AM PM ____ DATE ____ **Total Hours Requested** ____

| | |
|---|---|
| ❑ Annual Leave (170) | ❑ Bereavement (240) |
| ❑ Accrued Sick Leave (180) | ❑ Bereavement/Sick Leave (180) |
| ❑ Cyclic-Year Leave (350) | ❑ Holiday Equivalent Time (156) |
| ❑ Leave Without Pay (420) | ❑ Jury Duty (250) |
| ❑ LWOP FMLA / L&I (430) | ❑ Military (230) |
| ❑ Personal Holiday (300) | ❑ Personal Day (165) |
| ❑ Budgetary Voluntary Leave (450) | ❑ Comp Time Taken (190) |
| | ❑ Other Paid Leave (346) Identify in comments section |

INDICATE IF ABSENCE IS FOR:

| | | |
|---|---|---|
| ❑ FMLA (Paid or LWOP) | ❑ Pregnancy Disability | ❑ Family Care Emergency |
| ❑ Parental Leave | ❑ L&I (Worker's Comp) | ❑ Inclement Weather |

COMMENTS

SIGNATURE OF EMPLOYEE ____ DATE SIGNED ____

❑ RECOMMENDED ❑ NOT RECOMMENDED

SIGNATURE ____ DATE ____

❑ APPROVED ❑ NOT APPROVED

SIGNATURE ____ DATE ____

All leave is to be reported in hours, rounded to the closest five minutes. Minutes are to be reported as a decimal fraction of the hour.

| | | | | | |
|---|---|---|---|---|---|
| 4 hours = | 4.00 hours | 1 hour = | 1.00 hours | 45 minutes = | .75 hour |
| 40 minutes = | .66 hour | 30 minutes = | .50 hour | 20 minutes = | .33 hour |
| 15 minutes = | .25 hour | 10 minutes = | .17 hour | 5 minutes = | .08 hour |




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S:HR/CWUDOC/FORMS6-09