

Department Vacation Form

ABSENCE NOTICE

EMPLOYEE'S NAME: _____

PERIOD OF ABSENCE:

From: _____ a.m. _____ a.m.
p.m. _____ p.m.
time date time date

CHARGE TO: # HOURS

Vacation _____

Sick Leave Family Care Family Death _____

Leave Without Pay _____

Compensatory Time Off _____

REASON (for item checked above): _____

Employee's signature

Department approval signature

D1371 (7/79) CALCODE 71461-107