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**Absent From Duty Form**

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Absence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for absence (check one): \_\_\_\_\_Personal Day \_\_\_\_\_Professional Day \_\_\_\_\_Jury Duty

\_\_\_\_\_ I hereby request a leave of absence for the following dates: or

\_\_\_\_\_ I have been absent on the following dates:

\_\_\_\_\_ Beginning (first day of absence)

\_\_\_\_\_ Ending (last day of absence)

\_\_\_\_\_ Total workdays absent

Explanation of Absence:

I hereby certify that the foregoing statement is true and correct. I further understand that the leave, if approved, will be applied to my employee attendance record and state service record. I also understand that it is my responsibility to keep up with the days of leave earned and used. If I use more than I have actually earned or accumulated, I understand it will result in loss of pay for days I am absent from duty beyond the earned days.

Number of days substitute is needed: \_\_\_\_\_\_\_ No substitute is needed: \_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_