

INSTRUCTIONS FOR COMPLETING APPLICATION FOR AUTHORIZED ABSENCE FORM
Print on Green Paper

1. Mark appropriate box specifying type of leave taken. (vacation, sick or leave of absence)
2. Enter Employee name and Campus ID Number. (Please email our office if you need your CID Number.)
3. Enter beginning/ending date and time of absence and total hours absent. (Example: Beginning: 11/7/03 10:15am Ending: 11/7/03 5:00pm Total Hours Absent: 5.75)
Please do not cross months when completing the Absence Form.
4. Enter any appropriate remarks/reasons applying to absence. (Example: Doctors' appointment, sick with flu, vacation, etc.)
5. Sign and date the form and have Administrative Head sign and date the form. **In the case of a Leave of Absence, the form must also be signed by the President and the appropriate Dean or Vice President for the department.**
6. Make a copy for your records and send **ONE** original to Human Resources.

PLEASE MAKE SURE THE FORM HAS ALL APPROPRIATE SIGNATURES BEFORE FORWARDING TO THE HUMAN RESOURCES OFFICE.



ANGELO STATE UNIVERSITY
APPLICATION FOR AUTHORIZED ABSENCE

TYPE OF ABSENCE

- VACATION
- SICK LEAVE *
- LEAVE OF ABSENCE:
- With Pay
- Without Pay

Name of Employee

Campus ID Number

Leave Request:

Beginning: _____ Ending: _____ Total Hours Absent: _____

Beginning: _____ Ending: _____ Total Hours Absent: _____

Beginning: _____ Ending: _____ Total Hours Absent: _____

Remarks/Reason: _____

Employee

Date

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Office of Human Resources.

Approved By:

Administrative Head

Date

Dean or Vice President
(Leave of Absence Only)

Date

President
(Leave of Absence Only)

Date

PLEASE BE SURE TO MAKE A COPY FOR YOUR RECORDS BEFORE SUBMITTING ONE ORIGINAL FORM ON GREEN PAPER TO HUMAN RESOURCES

*This application must be submitted immediately upon returning to duty after a sick leave absence. If the absence exceeds three working days, a written statement from the doctor must accompany this application. If a physician or dentist was not consulted and more than three working days were missed, explain the Remarks/Reason section above.

Distribution of Leave of Absence by President's Office
Original – HR President Vice President Dean Administrative Head Payroll