

Department of Pathology and Laboratory Medicine

Absence Form

This is to record my absences from the University on the dates below for the purpose of: (Please mark all leaves that apply)

Vacation/Sick Leave	From	Time	To	Time	# Of Hours	# Of Days
(7170) Vacation w/pay						
(7180) TDL w/pay (Sick Leave)						
Comments: _____						

UK Holiday/Bonus Days	Date From	Date To	Total Hours
(7150) Holiday/Bonus Days			

Official UK Travel	Date From	Date To	Total Hours
(7411) Official University Travel w/pay			
Specify destination, where\purpose: _____			

My address(es) and telephone number will be: _____			
<input type="checkbox"/> I am requesting expenses from my discretionary/grant. Account No.: _____			

Recurring University Travel\Responsibility (For: ME, CKBC, St. Claire, Eastern State): Please be specific.

From: July 1, 20	To: June 30, 20	Reason:

Workman's Compensation Documentation

Other Leave	From	Time	To	Time	# Of Hours	# Of Days
(7420) Unpaid Leave						
(7405) Funeral Leave						
Relationship to deceased: _____						
(7406) Jury Duty						
() Other (Specify)						

Family Medical Leave	From	Time	To	Time	# Of Hours	# Of Days
(7417) FML Vacation w/pay						
(7415) Family Med Leave TDL w/pay						
(7416) Family Med Leave TDL w/o pay						

Complete if your spouse is a UK employee and is applying for FML for the same purpose.

Spouse's Name: _____

Social Security#: _____

Employee Printed Name: _____ Employee Signature: _____

Date Submitted: _____ Chairman/Supervisor: _____