



**KU School of Allied Health**  
*Absence from campus form*

1. EMPLOYEE NAME: \_\_\_\_\_
2. IS THIS ABSENCE WORK-RELATED?     NO     YES  
IF YES, REASON: \_\_\_\_\_
3. REQUESTING:     Vacation     Sick     Discretionary Day
4. PHONE/EMAIL WHILE AWAY:     HOME     CELL     OTHER: \_\_\_\_\_
5. WORK RESPONSIBILITIES WILL BE COVERED BY (IF APPLICABLE): \_\_\_\_\_
6. DATE(S) ABSENT: \_\_\_\_\_

**AREA BELOW FOR SUPERVISOR ONLY**

7. REQUEST:     Approved     Denied
8. SUPERVISOR SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_
9. COMMENTS/NOTES: