



KU School of Health Professions
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: