

DEPARTMENT OF MOLECULAR & INTEGRATIVE PHYSIOLOGY

NOTICE OF ABSENCE FROM OFFICE

Employee Name: _____ Today's Date _____

Number of days absent from office: _____ Dates of absence: _____

REASON FOR ABSENCE: If taking full 8-hour days off, check the appropriate reason for leave below. If taking less than an 8-hour day off, write the number of hours you're taking off next to the reason for absence.

Vacation _____ Discretionary Day _____ (D-day: must use all 8 hours at once)

Sick Leave _____ Time Without Pay _____

Comp. Time _____ Jury Duty _____

Funeral Leave _____ Military Duty _____

Conference or Seminar _____ Other (specify) _____

If CONFERENCE OR SEMINAR (complete the section below):

Title of Conference or Seminar _____

City and State Where Conference/Seminar Will Be Held _____

Location and/or Phone Number Where You Can Be Reached if necessary(Hotel Contact Info:)

Location

Phone Number

Employee Signature _____ Date _____

(Reminder: If absence is related to official business, you must also submit a Travel Request form to the Physiology Office before you travel)