

KEWEENAW BAY OJIBWA COMMUNITY COLLEGE
EMPLOYEE ABSENCE REQUEST FORM

Employee Name: _____ **Department:** _____

Type of Absence Requested:

- Sick Annual Personal Leave Bereavement Comp Time
- Ed. Leave Jury Duty Birthday Maternity/Paternity Volunteer

Reason for Absence: _____

Dates of Absence: From: _____ To: _____

Times: Starting: _____ Ending: _____

Employee Signature **Date**

Supervisor Signature **Date**