



Exempt

Department of Human Resources (719) 587-7990

Leave/Absence Request and Authorization

Name (Print): _____ I.D. # _____

Administrative Absence Report for: _____ of _____
(Month) (Year)

Vacation Leave Taken

Date: _____ Number of Hours: _____

Date: _____ Number of Hours: _____

Date: _____ Number of Hours: _____

Total Hours: _____

Sick Leave Taken

Date: _____ Number of Hours: _____

Date: _____ Number of Hours: _____

Date: _____ Number of Hours: _____

Total Hours: _____

Other Leave Taken

Date: _____ Number of Hours: _____

Date: _____ Number of Hours: _____

Date: _____ Number of Hours: _____

Total Hours: _____

Employee Signature _____

Supervisor Signature _____

Please return to the Office of Human Resources by the SIXTH working day of the following month submitted.
Thank-you!