



**CLARENDON COLLEGE
EMPLOYEE ABSENTEE REPORT / REQUEST FOR LEAVE**

Employee Name (Please Print)

Social Security Number

[] I was absent from duties at Clarendon College on:

[] I will be absent from my duties at Clarendon College on:

Re: [] Sick Leave [] Personal Leave* [] Vacation** [] Professional Leave⁺

Full Days (dates) _____

Partial Days (dates and hours) _____

For the following reason(s):

If applicable, how are classes to be covered? _____

Employee Signature _____ Date _____

Dept Head Signature _____ Date _____

Approving Official _____ Date _____

* A request for leave must be requested and approved in advance by the Supervisor and the Office of the President.

** Full-time 12 Month (Non-Faculty) Employees Only

+ Please attach documentation involving conferences, meetings, etc.
