



ABSENCE RECORD & Approval for:

Name: _____
(printed)

This form is to record absence from Roseman University of Health Sciences on the date(s) below for the purpose of:
(Please mark all that apply.)

	From (date)	To (date)	All Day Leave	OR	Time	Number of Hours
<u>Vacation Leave</u>						
Vacation - Regular	_____	_____	_____		_____	_____
<u>Sick Leave/Dependent Leave</u>						
Sick Leave - Regular	_____	_____	_____		_____	_____
<u>Family Medical Leave</u>						
Vacation - FML	_____	_____	_____		_____	_____
Sick - FML	_____	_____	_____		_____	_____
<u>Other Leave With Pay</u>						
Funeral	_____	_____	_____		_____	_____
Jury Duty	_____	_____	_____		_____	_____
Other Official Roseman Leaves: Travel, Professional Development	_____	_____	_____		_____	_____
Faculty Consulting	_____	_____	_____		_____	_____

Please detail any relevant information necessary:

Leave Without Pay

Please detail, justification, time parameters, etc...

Signature: _____ Date: _____
 Approved: _____ Date: _____
 Approved: _____ Date: _____