

**CLINTON COMMUNITY COLLEGE**

**ABSENCE REQUEST/REPORT FORM FOR PROFESSIONAL STAFF:**

- Check one:**       **NON-TEACHING/PROFESSIONALS COALITION MEMBERS**
- MANAGEMENT CONFIDENTIAL EMPLOYEE**
- NON-TEACHING FACULTY MEMBERS**

NAME: \_\_\_\_\_

DATE (S) OF ABSENCE: \_\_\_\_\_

TYPE OF ABSENCE (CHECK BELOW):

CONFERENCE \_\_\_\_\_ PERSONAL \_\_\_\_\_ VACATION \_\_\_\_\_

SICK \_\_\_\_\_

*\*Notify Human Resources of qualified FMLA event. Information on FMLA may be obtained from the Human Resources Office.*

OTHER (SPECIFY): \_\_\_\_\_

REASON FOR ABSENCE: \_\_\_\_\_

\_\_\_\_\_  
*\*In accordance with the HIPAA Privacy Policy, please do not disclose any personal health information.*

NUMBER OF DAYS: \_\_\_\_\_  
(1/4, 1/2, 3/4 or 1-day increments)

SIGNATURE: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

APPROVAL:

DATE:

CHARGE TO:

\_\_\_\_\_  
IMMEDIATE SUPERVISOR

\_\_\_\_\_  
VICE PRESIDENT /DEAN

\_\_\_\_\_  
PRESIDENT (If applicable)

Original: Human Resources Office, Employee should make a copy for his/her records  
Revised 11/20/15