



Panhandle State University
Absence Request Form

Name _____

Date _____

Division or Office _____

Banner ID _____

I respectfully request that the following dates be approved for:

1. _____ Illness (Paid Time Off)
2. _____ Annual Leave (Paid Time Off) vacation, doctor appointments, etc.
3. _____ Administrative Leave Jury duty, snow days, etc.

Date(s) Requested/Absent: _____

Remarks: _____

SUPERVISOR'S APPROVAL: _____ Date: _____

These dates have been recorded on my Leave Report in Banner self-service _____

(Employee signature)