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| Requestor Name:Click here to enter text. | Date:Click here to enter a date. |

**Absence Request Form**

**Faculty/Physician/Staff**

**THIS FORM SHOULD BE SUBMITTED BEFORE COMPLETING TRAVELWAYNE**

**Instructions:** Requests for time off are granted based on staffing, availability of accrual time, and the operational needs of the unit (unless a personal or family emergency is involved). At least 60 days is required advance notice for Clinical/Precepting duties. When planning for a personal or business related absence:

1. **confirm your own time availability** and remember **to log time off** in appropriate time tracking system (WSU web-entry or Kronos if WSUPG is primary employer)
2. business travel requests, **attach** registration info, program agenda or speaking engagement invitation, etc. **WSU faculty/staff** **REMINDER**: in your TravelWayne pre-trip request you must upload registration info/agenda **and** approved absence documentation with all travel requests.
3. **complete all parts of this form**
4. send this form via email or hardcopy to your Supervisor **to obtain approval** with Cc to Judith Magdalenic. NOTE: Remember for business travel requests, you must upload this approved documentation in TravelWayne.
5. WSUPG physicians, send approved form to Judy. She will notify Debra Wroe to close schedule. NOTE: If requesting WSPUG reimbursement, WSUPG travel expenditures must be approved in advance via email by Chair prior to requesting time off.
6. Upon receipt of the original or a pdf copy of the approved absence request, Judy Magdalenic will log time on the departmental Outlook calendar.

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| Type ofTime-Off Request | FirstDate Off | IndicateFull/AM/PM | LastDate Off | IndicateFull/AM/PM | Date ReturningTo Work | # of Work DaysOut of the Office |
| Vacation | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| Personal | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| Any purpose | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| Illness | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| Floating Holiday | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| PTO (WSUPG only) | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| Business Travel\*(attach info) | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| CME\*(attach info) | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| Prof. Devel.\*(attach info) | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| Bereavement | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| Jury Duty | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| FMLA (must have advanced HR approval) | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| \*Brief description of travel, CME or Professional Development Activity (attach registration info, program, details, speaking engagement invitation, meeting agenda, etc.): **Include conference name and location (city/state):**Click here to enter text. |
| Manager Signature (or email approval will be included with filed documentation) | Approved[ ]  | Denied[ ]  | Click here to enter a date. |

**If Applicable:** Logged in NI [ ]  Updated Time-Off Log [ ]  Entered in IDX/PerfectServe [ ]  Email to Faculty [ ]

 Sent to Judy Magdalenic [ ]  Added to Department Calendar & Filed [ ]