

**University of Wisconsin-Whitewater  
Absent from Campus**

**Name:**

**Department:**

**Reason for Absence (Check one):**

- Non-Business        Vacation                      Dates:  
                              Leave without Pay            Dates:  
                              Planned Sick Leave            Dates:

	<b>Signatures:</b>	<b>Date:</b>	
Requested by:			
Supervisor:			Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Director:			Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Dean/Division Head:			Approved <input type="checkbox"/> Yes <input type="checkbox"/> No

**Follow Department Guidelines when requesting sick leave/vacation.**