

**CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS FOUNDATION
REQUEST FOR ABSENCE**

Date of Request	
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Name	
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Date(s) of Absence	From	To
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Hours of Absence (if less than one day)	From	To
---	------	----

Type of Absence	Enter the number of hours to cover the absence in the appropriate categories. Time off is recorded in increments of one half-hour.		
	<input type="text"/>	Vacation	<input type="text"/>
	<input type="text"/>	Personal Holiday	<input type="text"/>
	<input type="text"/>	Leave of absence (without pay)	<input type="text"/>
	<input type="text"/>	Leave of absence (with pay)	<input type="text"/>
	<input type="text"/>	Sick	<input type="text"/>
	<input type="text"/>	Other (specify)	<input type="text"/>

Reason for Absence	

Required Signatures		Approvals for Leaves of Absence	
Employee	<input type="text"/>	Account Dir/Chair or Dean	<input type="text"/>
Supervisor	<input type="text"/>	Fdn Exec Director	<input type="text"/>

Note: Submit completed form with applicable timesheet

Fdn #103 04/05

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