

**LEAVE Report/Request**  
MSUAASF Employee

Employee Name (printed) \_\_\_\_\_ SEMA4 Employee ID \_\_\_\_\_

Begin Absence \_\_\_\_\_ at \_\_\_\_\_ a.m. or p.m.  
(circle one)

End Absence \_\_\_\_\_ at \_\_\_\_\_ a.m. or p.m.  
(circle one)

Total work hours absent \_\_\_\_\_

If available charge first against:

- SICK LEAVE  Bereavement (state relationship)
- Employee Illness/Disability  Personal Day
- Employee/Dep. Med. Appt.  Other\*/Emergency\*
- Spouse/Dep. Illness/Disability  VACATION
- Birth/Adoption

\*Explain: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

This absence is

- Approved as reported/requested above
- Not approved as reported/requested above

Authorizing Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYEE:** Keep a copy for your records  
**SUPV:** Send this report to Human Resources promptly and keep a copy for your records

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