Morris College
Sumter South Carolina

AUTHORIZATION FOR OR NOTICE OF EMPLOYEE ABSENCE FROM THE CAMPUS

(Submit to immediate supervisor at least three working days prior to the first day of anticipated absence.)

Name of Employee: _____

Administrative Unit: _____

Budget to be charged and Estimated Total Coast (for absence on official college business only): _____

_____

Check one: _____ I request approval to be absent from the campus.

_____ I submit official notice that I have been absent from the campus.

Absence Begin or Will Begin (Month, Dates, Year, Time): _____

Absence Ended or Will End (Month, Dates, Year, Time): _____

Check below the type of absence for which you are requesting approval or are submitting official notice:

____ Absence on Official College Business (with pay)
____ Annual Leave (with pay)
____ Sick Leave (with pay)
____ Personal Leave (with pay)
____ Funeral Leave (with pay)

BALANCE
(For Personnel Office Use)
_____ Day(s)
_____ Day(s)
_____ Hour(s)
_____ Hour(s)

____ Civil Leave (with pay)
____ Military Leave (with pay reduced by amount of military payment)
____ Leave of Absence (without pay)
____ Maternity Leave (without pay)
____ Educational Leave (without pay)

Total number of workday's _____ (or work hours _____) to be charged against your leave record or payroll record.

If your absence is for official college business or educational leave, indicate the specific purpose of your college business or educational leave:

_____

_____

Name, address, and telephone number of place where you may be contacted while away from the campus:

_____

_____

Signature of Employee: _____ Date: _____

APPROVED:

Director of Human Resources (if applicable): _____

Immediate Supervisor (s): _____

Administrative Divisional Officer: _____

Title III Coordinator (if applicable): _____

Director of Financial Services: _____

President: _____