



P.O. Box 1470 | US Hwy. 80 E at PR. 7631 | Hawkins, Texas 75765
(903) 730-4890 | (903) 769-4842 fax
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ABSENCE AND VACATION REQUEST FORM

Employee Name: _____ **Date Submitted:** _____

Manager Name: _____ **Department:** _____

| | | |
|---|---------------------------|--------------------------|
| Type of Request: | First Day of Leave | Last Day of Leave |
| _____ | _____ | _____ |
| Total Number of Days or Hours Requested | | |
| _____ | | |
| <i>Do not include weekends unless you are scheduled to work weekends.</i> | | |

| | | |
|-------------------------|-----------------------|--------------------------|
| Employee Signature/Date | HR USE ONLY: | |
| | Time Available | No Time Available |

| | | | | |
|--|--|-----------------|--------------------|-----------------|
| To be completed by Supervisor: | <i>Explain disapprovals & without pay:</i> | | | |
| <table> <tr> <td>Approved</td> <td>Disapproved</td> </tr> <tr> <td>With Pay</td> <td>Without Pay</td> </tr> </table> | | Approved | Disapproved | With Pay |
| Approved | Disapproved | | | |
| With Pay | Without Pay | | | |

Supervisor Signature/Date

Vice President/Chief of Staff Signature/Date

HR Review/Signature/Date

President's Signature