

**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:

	Signatures:	Date:	
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.