

JACKSON HEALTH SYSTEM

ABSENCE REQUEST FORM

EMPLOYEE'S NAME	LAST	FIRST	MI	LAWSON ID	DEPARTMENT NO.
CONTACT INFO	WORK	ALTERNATE			
LEAVE START DATE	LEAVE END DATE	RETURN TO WORK DATE	TOTAL TIME REQUESTED		
			HRS	MIN	

PLANNED PERSONAL		SEIU RN PAD	
MAINTAIN 40 HRS OF PL (SEIU & AFSCME ONLY)	YES <input type="checkbox"/> NO <input type="checkbox"/>	SEIU Social Workers Training	
GSAF PAID ADMINISTRATIVE DAYS		AFSCME TRAINING	
VOTING		AFSCME REST & RECUPERATION	
JACKSON MANDATED TRAINING (MUST LIST CLASS AND LOCATION OF TRAINING) DIRECTOR SIGNATURE REQUIRED FOR APPROVAL		BUSINESS ADMINISTRATIVE LEAVE- ALL TRAINING OFF CAMPUS - VP SIGNATURE REQUIRED FOR APPROVAL	
PHYSICIAN EDUCATION DAYS		SEIU PHYSICIAN EDUCATION DAYS	

COMMENTS / DESCRIPTION	
EMPLOYEE'S SIGNATURE	DATE REQUESTED

SUPERVISOR SECTION ONLY					
SUPERVISOR'S NAME	LAST	FIRST	MI	LAWSON ID	DEPARTMENT NO.
CONTACT INFO	WORK	ALTERNATE			
SUPERVISOR'S SIGNATURE	DATE RECEIVED				

APPROVED	COMMENTS / CHANGES TO LEAVE REQUEST / DENIAL REASON(S)
YES	
NO	