Panhandle State University
Absence Request Form

Name ____________________________ Date ______________________
Division or Office ______________________ Banner ID ______________________

I respectfully request that the following dates be approved for:

1. _____ Illness (Paid Time Off)
2. _____ Annual Leave (Paid Time Off) vacation, doctor appointments, etc.
3. _____ Administrative Leave Jury duty, snow days, etc.

Date(s) Requested/Absent: ______________________________________

_________________________________________________________

Remarks: ___________________________________________________

_________________________________________________________

SUPERVISOR’S APPROVAL: __________________________ Date: ______________________

These dates have been recorded on my Leave Report in Banner self-service ______________________

(Employee signature)