



Panhandle State University  
Absence Request Form

Name \_\_\_\_\_

Date \_\_\_\_\_

Division or Office \_\_\_\_\_

Banner ID \_\_\_\_\_

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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: \_\_\_\_\_

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SUPERVISOR'S APPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_

**These dates have been recorded on my Leave Report in Banner self-service** \_\_\_\_\_

(Employee signature)