CAPITAL UNIVERSITY
ABSENCE NOTICE

Name: ____________________________ Date: ____________________

Department: ____________________________  □ Exempt  □ Non-Exempt

I was/will be absent □ day(s) or □ hour(s) on ____________________________ (month, day, year)

This time off is classified as: □ Vacation □ Sick □ Personal □ Leave without Pay

□ Other (Please Explain): _______________________________________________________

__________________________________________________________ Phone: ____________________

Employee Signature: ____________________________  Supervisor’s Signature: ____________________________

Please return your completed Absence Notice to Anna Ursu on the 3rd floor.