

**BLINN COLLEGE  
LEAVE REQUEST AND ABSENCE REPORT**

*Blinn College salaried employees should use this form when recording absences. Hourly employees will complete time sheets but may use this form to provide further details. Forward signed form to the Human Resource Office.*

**This leave form must be sent to HR office by employee or supervisor no later than the third day of continuous absence.**

NAME \_\_\_\_\_ BLINN ID # \_\_\_\_\_  
(Print)

**Date(s) of Absence:**

\_\_\_\_\_ Total Days: \_\_\_\_\_  
\_\_\_\_\_ If half day ( )am ( )pm

**Reason for Absence:**

- |  |   |
|--|---|
| <input type="checkbox"/> Sick Leave                          | <input type="checkbox"/> Vacation ( <b>In Advance</b> ) |
| <input type="checkbox"/> Personal Leave                      | <input type="checkbox"/> Civil Leave/Jury Duty          |
| <input type="checkbox"/> Funeral Leave*<br>*Immediate Family | <input type="checkbox"/> Leave Without Pay              |
| <input type="checkbox"/> Worker's Comp**                     |   |

***Refer to employee handbook for leave definitions.***

**Details, if necessary:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature/ Date

\_\_\_\_\_  
Supervisor Signature/ Date

\*\*Requires an election of paid or unpaid leave.