

**centrosavila.org**

**1317 Isleta Blvd SW Albuquerque, NM 87105 505.312.7296**

**OUT OF OFFICE REQUEST**

Employee Name:

Person covering your cases if you are requesting 2 or more consecutive days Type of Absence Requested:

Sick Vacation

Bereavement

COMP Time

Time Off Without Pay

Personal

Prof. Development

Voting

Comments:

Automatic emails must

be setup before leaving

Staff covering must be

notified prior to absence

Timesheet(s) must be

turned in prior to absence, if absence date(s) include the last day of the pay

period

Date of Absence: Hours:

Date of Absence: Hours:

Date of Absence: Hours:

Date of Absence: Hours:

Date of Absence: Hours:

Date of Absence: Hours:

TOTAL HOURS:

*You must submit requests for absences, other than sick leave,* ***five days prior*** *to the first day you will be absent. If sick leave is taken, an OoO Request Form must be sent upon returning.*

EMPLOYEE SIGNATURE DATE

**APPROVAL**

Approved

Rejected

SUPERVISOR SIGNATURE DATE