



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:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Sick | <input type="checkbox"/> Vacation | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> COMP Time | <input type="checkbox"/> Personal | <input type="checkbox"/> Voting |
| <input type="checkbox"/> Time Off Without Pay | <input type="checkbox"/> Prof. Development | |

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.*

Comments:

EMPLOYEE SIGNATURE

DATE

APPROVAL

Approved

Rejected

SUPERVISOR SIGNATURE

DATE

- 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