

PLANNED ABSENCE

DATE: _____

NAME _____

Date(s) of Absence(s) _____

Supervisor Approval _____ **Date** _____

- _____ Illness
- _____ Any Purpose
- _____ Vacation (requires prior approval)
- _____ Floating Holiday (requires prior approval)
- _____ Other

- Illness should be reported in full days or actual hours taken
- Vacation should be reported in full days or actual hours taken
- Any Purpose – 2 days (15 hrs.) each year. Use or lose.
- Floating Holiday – 1 day each year (must be reported as full day). Use or lose.
- Special Needs (research only) – 2 consecutive days for emergency care of immediate family.
- Funeral Days – 5 consecutive days per year, per death of immediate family. One day for funeral of non-family member (taken from illness bank).

After approval from supervisor or his/her designee, submit completed form to CMMG office.