



Department of Biomedical and Molecular Sciences  
Vacation/Absentee Report

Employee Name: \_\_\_\_\_ Staff Number: \_\_\_\_\_  
(please print)

Dates of Vacation:

\_\_\_\_\_

Dates of Illness:

\_\_\_\_\_

Family Related and Personal:

Illness in Family    Date: \_\_\_\_\_    Time: \_\_\_\_\_

Bereavement    Date: \_\_\_\_\_    Time: \_\_\_\_\_

Other: \_\_\_\_\_

Supervisor's Approval:

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_