



P.O. Box 1470 | US Hwy. 80 E at PR. 7631 | Hawkins, Texas 75765
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ABSENCE AND VACATION REQUEST FORM

Employee Name: _____ **Date Submitted:** _____

Manager Name: _____ **Department:** _____

Type of Request:	First Day of Leave	Last Day of Leave
_____	_____	_____
Total Number of Days or Hours Requested		

<i>Do not include weekends unless you are scheduled to work weekends.</i>		

Employee Signature/Date	HR USE ONLY:
	Time Available No Time Available

To be completed by Supervisor:

**Approved
With Pay**

**Disapproved
Without Pay**

Explain disapprovals & without pay:

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Supervisor Signature/Date

--

Vice President/Chief of Staff Signature/Date

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HR Review/Signature/Date

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President's Signature