

**AUSTIN PEAY STATE UNIVERSITY
ADMINISTRATION AND STAFF
ABSENCE FORM**

EMPLOYEE NAME	DEPARTMENT
---------------	------------

Please mark one:

TYPE OF LEAVE	NO. OF HOURS	DATE(S) OF ABSENCE
Annual Leave		
Sick Leave		
Bereavement Leave		
Other (Pay)		
Other (NO Pay)		

Explanation (if appropriate)

Employee Signature _____ Date _____

_____ Approved _____
 _____ Immediate Supervisor/Department Head _____ Date _____

_____ Disapproved _____

PROCEDURE:

1. This form shall be used for all days an employee is absent.
2. **EMPLOYEE:** Prepare form; sign and submit to your immediate supervisor/department head.
3. **IMMEDIATE SUPERVISOR/DEPARTMENT HEAD:** Sign and return original to the employee. Keep one copy for your file. This form does not take the place of our attendance report, but verifies the employee's accumulated leave. **ALL LEAVE MUST STILL BE REPORTED ON ATTENDANCE REPORT AND MUST AGREE WITH ABSENCE FORMS FILED IN YOUR OFFICE.**
4. Sick leave is an absence due to illness, injury, medical or dental examinations, exposure to contagious disease, and illness or death of immediate family members. Immediate family includes: 1) spouse; 2) child, stepchild; 3) parent, stepparent, foster parent, parent-in-law; 4) sibling(s); and 5) other members of the family who reside within the home of the employee. (APSU Policy 5:045)
5. Bereavement leave is an absence (limited to three days) due to the death of an immediate family member. Immediate family includes 1) spouse; 2) child, stepchild; 3) parent, stepparent, foster parent, parent-in-law; 4) siblings; 5) grandparents; and 6) grandchildren. (APSU Policy 5:049)