

# HUMBOLDT STATE UNIVERSITY

## Counseling and Psychological Services

### Absence Request Form

Date: \_\_\_\_\_ Employee Name: \_\_\_\_\_

#### Dates of One-Time Absence (if applicable):

From: \_\_\_\_\_ To: \_\_\_\_\_

Full day/s \_\_\_\_\_ Partial Day/s \_\_\_\_\_ Total Number of Hours \_\_\_\_\_

For exempt employees (faculty counselors), if requesting use of **Informal Comp Time on a Regular Basis:**

Dates and times that you are requesting off in compensation for an after-hours group, workshop or outreach.

- Full semester
- These dates only \_\_\_\_\_

Note: Day of Week/Specific Hours Requested \_\_\_\_\_

Dates and times that you have accumulated / are accumulating and using for this informal comp time:

- Full semester
- These dates only \_\_\_\_\_

Note: Day of Week/Specific Hours \_\_\_\_\_

Name of Activity: \_\_\_\_\_

Nature of activity: Clinical \_\_\_\_\_ Outreach \_\_\_\_\_ Other \_\_\_\_\_ (explain by email)

Was this comp time pre-approved by the director? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Type of Leave:

- Sick Leave (Self)
- Sick Leave (Family. Relationship to family member \_\_\_\_\_)
- Bereavement (Relationship to family member \_\_\_\_\_)
- Vacation (does not apply to faculty counselors)
- Personal Holiday (one per calendar year)
- Jury Duty (verification of attendance is required by the university)
- Work-related Conference / Meeting / Continuing Education
- Informal Comp Time (applies to clinical and outreach activities outside of M-F 8-5 that are pre-approved; applies to exempt employees only)
- Dock time (e.g., unpaid vacation)
- Other (Details \_\_\_\_\_)

I have ensured my time accruals are sufficient: Yes \_\_\_\_\_ No \_\_\_\_\_ They are not; Please Dock Me \_\_\_\_\_

Director Signature \_\_\_\_\_ Date: \_\_\_\_\_

- Approved
- Rejected

Routing: Employee > Director [with cc to your Lead (JoAnna or Shane) as Applicable] > Office Coordinator & Employee