

Name

Penn ID Number

Department

REASON	DATE(S)	# OF DAYS	# OF HOURS
<input type="checkbox"/> Paid Time Off	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Sick Leave	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Comp Time	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Annual Military Duty	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Jury Duty	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death in Family (specify relationship below)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other (explain below)	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL TIME OFF:		<input type="text"/>	<input type="text"/>

FURTHER EXPLANATION (when required)

Employee signature

Date

SUPERVISOR'S RECOMMENDATION:

COMMENTS: