

PPS Employee Short Leave Request Form

For absences of 3 (three) days or less

Employee Name: _____

Employee ID #: _____

Supervisor Name: _____

Dept/Location: _____

Substitute Job # (Optional): _____

Substitute Name (Optional): _____

Absence Reason/ Type	Start Date	End Date	Hours	Days

Comments:

Employee Signature: _____ Date: _____

Administrator/Supervisor Signature: _____ Date: _____