

State University of New York State College of Optometry

Date: _____

Name: _____

Department: _____

I request permission to be absent from the college on the following:

Date(s)		Reason
From	To	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please charge _____ hours/days to my _____
(Specify One) (Indicate Leave Type)

Employee Signature Date Supervisor's Approval Date