



## Senior Employment Program

### Authorized Absence Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

Host Agency: \_\_\_\_\_  
(Print)

I am requesting to be placed on leave without pay for  health  personal reasons

Beginning on: (Date): \_\_\_\_\_ Ending on: (Date): \_\_\_\_\_

This will be for a total of \_\_\_\_\_ consecutive days.

I certify that I have discussed this with my Host Agency Supervisor on

(Date): \_\_\_\_\_ and this has been approved by my supervisor listed below.

\_\_\_\_\_  
Signature Senior Trainee Date

\_\_\_\_\_  
Signature Host Agency Supervisor Date

\_\_\_\_\_  
Project Director/Staff Signature Date

#### ***Senior Employment Program Office Use Only***

Date Received in Office (Date): \_\_\_\_\_

Date Confirmed by Host Agency Supervisor (Date): \_\_\_\_\_