



MCG Dean's Office

## Absence Request Form

Send completed form to [MCG\\_DEANSOFFICE@AUGUSTA.EDU](mailto:MCG_DEANSOFFICE@AUGUSTA.EDU)

Date:

Employee Name:

Department/Center/Institute:

Leave Type: Sick          Annual          Other          Reason (if other):

Date(s) of Absence:

Back Up Employee Name:

Back Up Employee Contact:

Employee Signature:

### Dean's Office Approval

Approve

Deny

Supervisor Signature:

Date: