

UNSCHEDULED ABSENCE NOTIFICATION FORM

To:

Date:

Title:

Dept:

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From:

Title:

Dept:

This is to advise you that your absence on _____ from _____ to _____ is being designated as an unscheduled absence. This is unscheduled absence number _____ in the previous 26 consecutive week period.

Please note that a classified employee may be terminated from employment with the University in accordance with Civil Service Rule 12.6 when the employee has more than seven (7) unscheduled absences during any consecutive 26-week period.

Appointing Authority Approval _____
Signature

This is to certify that I have been advised that my absence has been designated as an unscheduled absence.

Employee Signature:_____
Date:_____
Witness 1 Signature:_____
Date:_____
Witness 2 Signature:_____
Date: