

# 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: \_\_\_\_\_