**NOTICE of ABSENCE FROM RESEARCH INSTITUTE**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FT\_\_\_\_\_ PT\_\_\_\_\_**

**DEPARTMENT ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**DATE ABSENCE COMMENCES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF RETURN TO INSTITUTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAVEL REQUIRED FOR WORK PURPOSES (note in comments)**



**REASON FOR ABSENCE & Identification of On-SITE Coverage (if applicable) or Contact:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCIENTIST or EMPLOYEE SIGNATURE MANAGER’S ACKNOWLEDGEMENT**

 **(non-Staff)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **MANAGER’S APPROVAL (Staff)**

**DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DISTRIBUTION:** Signed form to be forwarded to Research Institute’s HR Department.