Absence Request Form

Boston University Medical Campus
Arthritis Center / Rheumatology Section
72 E. Concord Street Evans 501
Boston, MA 02118
Phone: 617-638-4464
Fax: 617-638-5226
www.bumc.bu.edu/Rheumatology

Employee Name:	
Employee ID:	
Manager(s) Name:	

Leave Type	Start Date	End Date	Days	Hours with Pay	Hours without Pay
		Total			

Comments:

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Supervisor Signature _____ Date _____

Print Form