

Absence Request

Absence Information

Employee Name: _____

Employee Number: _____

Department: _____

Manager: _____

Type of Absence Requested:

- | | | | |
|-----------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Sick | <input type="checkbox"/> Vacation | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Time Off Without Pay |
| <input type="checkbox"/> Military | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Maternity/Paternity | <input type="checkbox"/> Other |

Dates of Absence: From: _____ To: _____

Number of Days: _____

Reason for Absence:

You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent.

Employee Signature

Date

Manager Approval

- ☐ Approved
- ☐ Rejected

Comments:

Manager Signature

Date

Date Received: _____