



ABSENCE REQUEST

EMPLOYEE INFORMATION

Name _____

Employee Number _____ Department _____

Manager _____

Type of absence requested:

- Sick Vacation Bereavement Time-off without pay
- Military Jury Duty Maternity/Paternity Other _____

DATES OF ABSENCE

From _____ to _____

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