



Absence Request

Absence Information

Employee Name: _____

Department: _____ Date: _____

Indicate Days of Absence Requested:

<input type="checkbox"/>	Vacation Days	<input type="checkbox"/>	Sick Days	<input type="checkbox"/>	Personal Days	<input type="checkbox"/>	Days Off Without Pay
<input type="checkbox"/>	Bereavement	<input type="checkbox"/>	Jury Duty	<input type="checkbox"/>	Maternity/Paternity	<input type="checkbox"/>	Other

Current Time Accruals in Days:

<input type="checkbox"/>	Vacation Days	<input type="checkbox"/>	Sick Days	<input type="checkbox"/>	Personal Days
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Dates of Absence: From: _____ To: _____

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Reason for Absence:

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

Employee Signature _____ Date _____

Manager Approval

Approved

Rejected

Comments:

Manager Signature _____ Date _____

Department Managers must record their approved days of absence in their Microsoft Outlook Calendars.