

Absence Request

	Abs	ence Information	
Employee Name:			
Employee Number:			
Department:			
Manager:			
Type of Absence Requeste	ed:		
Sick	☐ Vacation	☐ Bereavement	☐ Time Off Without Pay
☐ Military	☐ Jury Duty	☐ Maternity/Paternity	☐ Other
Dates of Absence: From:		To:	
Reason for Absence:			
You must submit requests absent, or you will not be p		an sick leave, <u>TWO WEEKS</u> pri	or to the first day you will be
Employee Signature			Date
Manager Approval			
☐ Approved	Ivia	illager Approval	
<u></u>			
Rejected			
Comments:			
Manager Signature			Date