Absence Request

Request Off Information

Today's Date: _____

Employee Name: _____

Type of Absence Requested:

☐ Sick ☐ Vacation ☐ Bereavement ☐ Time off Without Pay

☐ Military ☐ Jury Duty ☐ Maternity/Paternity ☐ Other

Dates of Absence: From: _____ To: _____

Please Note: If less than a 30-day notice has been given, the request may be denied.

Reason for Absence:

_____

Employee Signature *Date*

Supervisor Approval

☐ Approved Amount of Time Taken YTD _____

☐ Rejected Amount of Time Remaining YTD _____

Comments:

_____

Supervisor Signature *Date*