



Absence Request

Absence Information			
Employee Name:			
Department:			
Manager:			
Type of Absence Requested:			
<input type="checkbox"/>	Sick	<input type="checkbox"/>	Vacation
<input type="checkbox"/>	Military	<input type="checkbox"/>	Jury Duty
<input type="checkbox"/>		<input type="checkbox"/>	Bereavement
<input type="checkbox"/>		<input type="checkbox"/>	Maternity/Paternity
<input type="checkbox"/>		<input type="checkbox"/>	Time Off Without Pay
<input type="checkbox"/>		<input type="checkbox"/>	Other
Dates of Absence: From:			To:
Relationship for Bereavement or FMLA:			
<i>You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent.</i>			
Employee Signature		Date	
Manager Approval			
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Check Calendar for other Time Off approved
<input type="checkbox"/>	Rejected	<input type="checkbox"/>	Put on Calendar
<input type="checkbox"/>		<input type="checkbox"/>	Essential Duties covered by :
<input type="checkbox"/>		<input type="checkbox"/>	Other:
Comments:			
Manager Signature		Date	