



Absence Request

Absence Information

Employee Name: _____

Department: _____

Manager(s) _____

Type of Absence Requested:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Sick _____ Hours | <input type="checkbox"/> Vacation _____ Hours | <input type="checkbox"/> Bereavement _____ Hours | <input type="checkbox"/> Time Off Without Pay _____ Hours |
| <input type="checkbox"/> Military _____ Hours | <input type="checkbox"/> Jury Duty _____ Hours | <input type="checkbox"/> Maternity/Paternity _____ Hours | <input type="checkbox"/> Other _____ Hours |

Dates of Absence: From: _____ To: _____

Reason(s) for Absence:

You must submit requests for absences (except sick leave) two days prior to the first day that you will be absent.

****You are eligible for Paid Leave once you have completed your 90 day Introductory period****

Temporary Employee Signature(s)

Date

Manager Approval

Approved

Rejected

Comments:

Project Manager Signature

Date

Human Resources Signature

Date