

Absence & Sick Pay Request

Absence Information

Employee Name: _____

Employee Number: _____ Department: _____

Manager: _____

Type of Absence Requested:

- Sick Vacation Bereavement Time Off Without Pay
- Military Jury Duty Maternity/Paternity Other

Dates of Absence From: _____ TO: _____

Reason for Absence: -----

- I am requesting to use _____ (# of hours) paid sick leave
- My available balance _____ (# of hours) as of _____ date.

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

Manager Approval

- Approved**
- Rejected**

Employee Signature: _____ **Date** _____

Manager Signature: _____ **Date** _____

Comments: _____