



Absence Information

Employee Name: _____

Department: _____

Manager: _____

Type of Absence Requested:

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

Dates of Absence: From: _____ Thru: _____

Total number of PTO hours requested: _____

You must submit requests for absences, other than sick leave, within one week pending approval from your direct supervisor.

Employee Signature

Date

Manager Approval

- Approved
 Rejected

Comments:

Manager Signature

Date