

Absence Request Form

Employee Information

Employee Name: _____ Job Title: _____
Department: _____ Supervisor: _____

Absence Request

- Paid Time Off Bereavement Jury Duty Leave of Absence
 Military Leave Maternity/Paternity Other

Dates of Absence: From: _____ To: _____

Reason for Absence: _____

Requests need to be submitted at least one week in advance of requested leave, when possible.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Completed by Payroll: PTO Available: _____ *New Balance:* _____