



Absence Request Form

Employee Name

Date

I **shall** be absent on

Date(s): _____

Days With Pay: _____ Days Without Pay: _____

Hours With Pay: _____ Hours Without Pay: _____

Comments: _____

I **have been** absent on

Date(s): _____

Days With Pay: _____ Days Without Pay: _____

Hours With Pay: _____ Hours Without Pay: _____

Comments: _____

Reason for absence:

Vacation

Illness/Sick

Day off in lieu of alternate day worked. *Date of alternate work day:* _____

Jury Duty

Kin Care

Bereavement *Relationship to deceased:* _____

Other (Explain)

Employee's Signature

Date

Supervisor's Signature

Date

When completed, please turn in this request form to your immediate supervisor for approval. If you are unsure of your available accrued vacation, please see the CEO for verification.