

Absence Request Form- Time Off

Employee Name: _____ Date: _____

Department: _____ Manager: _____

Job Title: _____

Start date: _____ Eligibility date: _____ Seniority: _____

Sick Days: _____ Vacation: _____ PTO Available: _____

Reason of Absence

() Sick () Vacation () Bereavement () Maternity/Paternity Leave

() Marriage () Other: _____

Number of Days absent: _____

Beginning date of absence: _____ End date of absence: _____

Return to Work date: _____

Total hours requested: _____ Remaining Hours: _____

Comments:

Employee's Signature: _____

Manager's Signature: _____

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
CEO Signature: _____	Date: _____
Comments:	
_____ _____ _____	