



Absence Request

Absence Information

Employee Name: _____

Employee Number: _____ Program: _____

Manager: _____

Type of Absence Requested: Sick Leave Vacation Floating Holiday Jury Duty Unpaid
 Leave of Absence Type of leave: _____

Dates of Absence: From: _____ To: _____

Hours Used: _____ Hours Available: _____

Employee Signature _____ Date _____

Manager Approval

Approved Rejected

Comments: _____

Manager Signature _____ Date _____

please staple any absence forms to timecard



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