



Request for Time off

Absence Information

Employee Name: Richard Jackson

Employee Number: _____ Department: Sanitation

Manager: _____

Type of Absence Requested:

- | | | | |
|-----------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Sick | <input type="checkbox"/> Vacation | <input type="checkbox"/> Funeral Leave | <input type="checkbox"/> Time Off Without Pay |
| <input type="checkbox"/> Military | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Maternity/Paternity | <input checked="" type="checkbox"/> Other |

Dates of Absence: From: 5/22/15 To: 5/23/15

Reason for Absence:

You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent.

Richard Jackson Employee Signature 5/21/15 Date

Manager Approval

- Approved
 Not Approved

Comments:

[Signature] Manager Signature 5/26/15 Date
[Signature]