CMG
CORPORATE MANAGEMENT GROUP
"your workforce management & staffing experts"

Corporate Management Group

Absence Request

Absence Information

Employee Name: LEH HSO

Department: _____

Supervisor: _____

Type of Absence Requested:

- ☐ Sick
- ☒ Vacation
- ☐ Bereavement
- ☐ Time Off Without Pay
- ☐ Military
- ☐ Jury Duty
- ☐ Maternity/Paternity
- ☐ Other

Dates of Absence: From: 03.15.2015 To: 03.19.2015

Reason for Absence:

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

LEH HSO — 03.01.2015

Employee Signature — *Date*

Manager Approval

- ☑ Approved
- ☐ Rejected

Comments:

[signature] — 3-2-15

Manager Signature — *Date*

[signature] — 3/3/15