



Request for Time off

Absence Information

Employee Name: Diana Elton
 Employee Number: _____ Department: CMG
 Manager: Kelsey Sikkink

Type of Absence Requested:

- | | | | |
|-----------------------------------|--|--|---|
| <input type="checkbox"/> Sick | <input checked="" 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 type="checkbox"/> Other |

Dates of Absence:
 From: 7/29/2020 Leave at 12p To: 7/29/2020

Reason for Absence:
 Teigen has a Doctor Appointment @ 1p in Kasson for immunizations and sports physical. I would need to leave the office by noon. Thanks!

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

Employee Signature

Date: **7/14/2020**

Manager Approval

- Approved
 Not Approved

Comments:

Manager Signature

Date