# Request for Time off

## Absence Information

Employee
Name:     **Diana Elton**

Employee
Number: _____     Department: **CMG**

Manager:    **Kelsey Sikkink**

## Type of Absence Requested:

| | | | | |
|---|---|---|---|---|
| ☐ Sick | ☐ Vacation | ☐ Funeral Leave | x | Time Off Without Pay |
| ☐ Military | ☐ Jury Duty | ☐ Maternity/Paternity | ☐ | Other |

Dates of Absence:
From:     **6/19/2019 Leave at 230pm**     To: **6/19/2019 Leave at 230pm**

Reason for Absence:  Appointment

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

Employee Signature     6/10/2019
                        Date

## Manager Approval

☐ Approved

☐ Not Approved

Comments:

Manager Signature                          Date