S.R.C. - Pipestone, MN U.S.A.

Absence Request From

(Pedido de Ausencia)

Name: Elizabeth Scott *Nombre*

Today's Date of Request: 2/1/08 *Fcha de Pedido*

Department PreFab *Departamento*

Date(s) of Absence 2/1/08 *Fecha de Ausencia*

Time Out (*Hora de Salida*)_____

SRC Message Center (507-562-6703)

SRC requires 3 days advance notice.

The following are absences with three (3) days advance notice will be recorded, but will not be considered an incident for attendance purposes. Providing false reasons for absences will result in employment termination.
Las siguientes ausencias con tres (3) dias de notificación seran registradas, pero no seran consideradas un incidente para rezones de asistencia. Proveyendo rezones falsas de ausencia resultara en su terminación de empleo.

____Vacation *Vacaciones*	Vacation may also be assigned to absences to cover loss of pay
____Minor Child School Activities *Actividades secundarias de shcool de niño*	List nature of activity in comments below
____Military / Guard Leaves *Ejército/Salida de Guardia*	Service orders are to be submitted to Human Resources
____Funeral Leave Days *Funeral*	No advance approval required, please list the relationship below
____Witness Subpoena *Testigo de Citación*	Subpoena submitted to HR, Not for own civil/criminal appearance
____Workers' Compensation Appointments *Citas de Compensación de Trabajador*	Dr.s certification required and must be coordinated with HR
____ Short Term Hospitalizations *Termino Corto de Hospitalización*	Dr.s certification required and coordinated with HR
____ Family Medical Leaves *Razones Médicas de Familia*	FMLA Request / Certification must be on file with Human Resources
____ Civic or Jury Duty *Deber del Jurado o Cívico*	Service duty letters are to be submitted to Human Resources
____ Other *Otro*	All other absences will be "unexcused" and count as an occurrence for attendance purposes

Details of Absence (*Detallas de Ausencia*): going to doctor for eye (old injury)

Elizabeth Scott
Employee Signature (*Firma de Empleado*)

2/1/08
Date (*Fecha*)

For Office Use Only (*Solo para uso de Oficina*)

___ Approved (*Aprovado*) ___ Not Approved (*No Aprobado*)

_____ _____
Team Leader Signature (*Firma del Lider*) Date (*Fecha*)

Corina Leach 2/1/08
Shift Leader / Manager / HR (Lider /Gerente/RH) Date (*Fecha*)