



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

# Absence Request From

(Pedido de Ausencia)

Name: x Harvey Velazquez  
Nombre

Today's Date of Request: 12-19-07  
Fecha de Pedido

Department: pre fab  
Departamento

Date(s) of Absence: 12-21-07  
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) días de notificación serán registradas, pero no serán consideradas un incidente para razones de asistencia. Proveyendo razones falsas de ausencia resultara en su terminación de empleo.

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

Details of Absence (Detalles de Ausencia):

Will be late on Fri.

x Harvey Velazquez  
Employee Signature (Firma de Empleado)

12-21-07  
Date (Fecha)

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

Approved (Aprobado)     Not Approved (No Aprobado)

Ken [Signature]  
Team Leader Signature (Firma del Lider)

12-19-07  
Date (Fecha)

Carine [Signature]  
Shift Leader / Manager / HR (Lider /Gerente/RH)

12-19-07  
Date (Fecha)

CMG

**STEVEN P. SNOW, M.D.**  
Tyler Medical Clinic  
240 Willow St. • Tyler, MN 56178-0718  
Phone: 507-247-5921

Name Harvey Velasquez

Address \_\_\_\_\_ Date 12/18/07

**Rx**

Please excuse for  
fasting labwork prior  
to coming to work.

Label Dr Snow / D Bralor

Refill \_\_\_\_\_ times PRN NR

\_\_\_\_\_  
To insure brand name dispensing, prescriber must write 'Dispense As Written'  
on the prescription. M.D.