



Request for Time off

Absence Information

Employee

Name: Kelly Sutton

Employee

Number: _____ Department: CMG Rochester

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: 5/28/2024 To: 5/28/2024

Reason for Absence:

Going Camping with Family. I will use 8 hours PTO.

Kelly M. Sutton 5-2-24
 Employee Signature Date

Manager Approval

- Approved
- Not Approved

Comments:

 Manager Signature Date