



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: 4/8/2024 In late To: 4/8/2024

Reason for Absence:

Daughter Dr appointment. I will be in after her Appointment. In at 11:00
You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent.

Kelly M Sutton _____ 4/2/2024
Employee Signature Date

Manager Approval

- Approved
- Not Approved

Comments:

Manager Signature Date