



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 type="checkbox"/> Vacation | <input type="checkbox"/> Funeral Leave | <input checked="" 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: 6/21/2022 To: 6/21/2022

Reason for Absence:

Coming in Late. I have a Dr. appointment at 8:30 and will be in right after. In at 10:00am.

Kelly M Sutton 6.13.2022
Employee Signature Date

Manager Approval

- Approved
 Not Approved

Comments:

Manager Signature Date