



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

Absence Request From

(Pedido de Ausencia)

Name: Kristen Erickson

Nombre

Today's Date of Request: 1/4/08

Fecha de Pedido

Department: Finishing

Departamento

Date(s) of Absence: 1/4/08

Fecha de Ausencia

Time Out (Hora de Salida) 11AM

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 resultará 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 (Detalles de Ausencia):

Illness

Kristen Erickson
Employee Signature (Firma de Empleado)

1/4/08
Date (Fecha)

For Office Use Only (Solo para uso de Oficina)

☒ Approved (Aprobado) ☐ Not Approved (No Aprobado)

[Signature]
Team Leader Signature (Firma del Lider)

1-4-08
Date (Fecha)

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

1-4-08
Date (Fecha)