



# Request for Time off

## Absence Information

Employee Name: Michael James Elwood  
Employee Number: \_\_\_\_\_ Department: Flow Wrap  
Manager: \_\_\_\_\_

### 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: 19 To: 21

Reason for Absence:

*You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent.*

Michael James Elwood 3-5-15  
Employee Signature Date

## Manager Approval

- Approved  
 Not Approved

Comments:

\_\_\_\_\_  
Manager Signature Date