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

# Absence Request From
*(Pedido de Ausencia)*

**Name:** Michael Ramsey
*Nombre*

**Today's Date of Request:** 1-15-08
*Fcha de Pedido*

**Department** Mould
*Departamento*

**Date(s) of Absence** 1-24-08
*Fecha de Ausencia*

**Time Out** ( *Hora de Salida*)_____

**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) dias de notificación seran registradas, pero no seran consideradas un incidente para rezones de asistencia. Proveyendo rezones falsas de ausencia resultara en su terminación de empleo.*

| | |
|---|---|
| ____Vacation<br>*Vacaciones* | Vacation may also be assigned to absences to cover loss of pay |
| ____Minor Child School Activities<br>*Actividades secundarias de shcool de niño* | List nature of activity in comments below |
| ____Military / Guard Leaves<br>*Ejército/Salida de Guardia* | Service orders are to be submitted to Human Resources |
| ____Funeral Leave Days<br>*Funeral* | No advance approval required, please list the relationship below |
| ____Witness Subpoena<br>*Testigo de Citación* | Subpoena submitted to HR, Not for own civil/criminal appearance |
| ____Workers' Compensation Appointments<br>*Citas de Compensación de Trabajador* | Dr.s certification required and must be coordinated with HR |
| ____ Short Term Hospitalizations<br>*Termino Corto de Hospitalización* | Dr.s certification required and coordinated with HR |
| ____ Family Medical Leaves<br>*Razones Médicas de Familia* | FMLA Request / Certification must be on file with Human Resources |
| ____ Civic or Jury Duty<br>*Deber del Jurado o Cívico* | Service duty letters are to be submitted to Human Resources |
| X Other<br>*Otro* | All other absences will be "unexcused" and count as an occurrence for attendance purposes |

Details of Absence (*Detalles de Ausencia*):
To see my PO

Michael Ramsey
Employee Signature (*Firma de Empleado*)

1-15-08
Date (*Fecha*)

**For Office Use Only** (*Solo para uso de Oficina*)

X Approved (*Aprovado*) ___ Not Approved (*No Aprobado*)

Team Leader Signature (*Firma del Lider*)

1-15-08
Date (*Fecha*)

Shift Leader / Manager / HR (Lider /Gerente/RH)

1-15-08
Date (*Fecha*)