CMG
CORPORATE MANAGEMENT GROUP
"your workforce management & staffing experts"

Request for Time off

Absence Information

Employee
Name: _Luther Miller_

Employee
Number: _____ Department _____

Manager: _____

Type of Absence Requested:

				Time Off Without Pay
☐ Sick	☐ Vacation	☐ Funeral Leave	☐	Pay
☐ Military	☐ Jury Duty	☐ Maternity/Paternity	☒	Other

Dates of Absence:
From: _3-5-15_ To: _3-8-15_

Reason for Absence:

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

Luther Miller   _3-5-15_
Employee Signature   Date

Manager Approval

☐ Approved

☐ Not Approved

Comments:

_____   _3-5-15_
Manager Signature   Date