![CMG Corporate Management Group logo]

"your workforce management & staffing experts"

Request for Time off

Absence Information

Employee Name: *Dwaine Smith*

Employee Number: _____ Department: _____

Manager: _____

Type of Absence Requested:

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

Dates of Absence:
From: *April 6* To: *April 6*

Reason for Absence:

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

Dwain Smith   *3-12-15*

Employee Signature   Date

Manager Approval

☐ Approved

☐ Not Approved

Comments:

_____

Manager Signature   Date