



"your workforce management & staffing experts"

Request for Time off

Absence Information

Employee Name: Kelly Sutton
 Employee Number: _____ Department: CMG Rochester
 Manager: Kelsey Sikkink

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: 2/25/2025 To: 2/25/2025

Reason for Absence:

Nalani has Dr appointments. I will use 8 Hours PTO

Kelly M Sutton 2.20.25
 Employee Signature Date

Manager Approval

- Approved
 Not Approved

Comments:

 Manager Signature Date