



Request for Time off

Absence Information

Employee Name: Diana Elton
 Employee Number: _____ Department: CMG
 Manager: Kelsey Sikkink

Type of Absence Requested:

- | | | | | |
|-----------------------------------|------------------------------------|--|---------------------------------------|----------------------|
| <input type="checkbox"/> Sick | <input type="checkbox"/> Vacation | <input type="checkbox"/> Funeral Leave | <input checked="" type="checkbox"/> x | 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: 7/16/2019 To: 7/17/2019

Reason for Absence: Soccer tournament for my boys

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

Diana Elton 6/10/2019
 Employee Signature Date

Manager Approval

- Approved
 Not Approved

Comments:

 Manager Signature Date