



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 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: 3/18/2025 in late To: 3/18/2025 in late

Reason for Absence:

This is a request to come in late. I have a 7:40 am Dr appointment and will come to work after. Approximately 9 am. I will use 1 hour of PTO

Kelly Sutton

2/18 2.20.25

Employee Signature

Date

Manager Approval

- Approved
- Not Approved

Comments:

Manager Signature

Date