



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 checked="" 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: 6/19/2023 To: 6/20/2023

Reason for Absence: Father's Day Camping Vacation

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

Kelly M Sutton 6.6.2023
 Employee Signature Date

Manager Approval

- Approved
 Not Approved

Comments:

 Manager Signature Date