



# Request for Time off

## Absence Information

Employee Name: Alisha Martin  
Employee Number: \_\_\_\_\_ Department: \_\_\_\_\_  
Manager: \_\_\_\_\_

### 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 checked="" type="checkbox"/> Maternity/Paternity | <input type="checkbox"/> Other                |

Dates of Absence: From: April 10<sup>th</sup> To: \_\_\_\_\_

Reason for Absence:

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

Alisha Martin 3-30-15  
Employee Signature Date

## Manager Approval

- Approved  
 Not Approved

Comments:

\_\_\_\_\_  
Manager Signature Date