**Absence Request**

All **vacation request** must be **submitted 14 days in advance**. All **time off without pay request** must be **submitted 7 days in advance**. **If HR does not receive the request in the allotted time, the request will be denied. NO EXCEPTIONS!** **This form must be completed in its entirety and submitted to HR no later than 48 hours after request.**

**NOTE: All proper documentation must be submitted with request.**

 **Sick – Doctor’s Excuse**

 **Jury Duty – Notice**

 **Bereavement – Obituary**

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| **EMPLOYEE INFORMATION** |

**EMPLOYEE NAME:** **DATE:**

**EMPLOYEE ID:** **JOB TITLE:**

**MANAGER:** **DEPARTMENT:**

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| **TYPE OF ABSENCE REQUESTED** |

\_\_\_ **SICK** \_\_\_**VACATION**  \_\_\_**BEREAVEMENT**  \_\_\_**TIME OFF WITHOUT PAY**

\_\_\_**JURY DUTY** \_\_\_**MATERNITY/PATERNITY** \_\_\_ **OTHER:**\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DATES** |

**Date of Absence: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Days Requesting Off: \_\_\_\_\_\_**

**Date and Day you are returning back to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List any additional reason(s) for absence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYEE SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **MANAGER APPROVAL/SIGNATURE** |

**MANAGER APPROVAL: Excused [ ] Unexcused [ ] Unexcused with disciplinary actions [ ]**

**Manager Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **FOR HR USE ONLY** |

**Date HR Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved [ ] Not Approved [ ]**

**Human Resource Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**