

ABSENCE REQUEST

NAME: _____

DATES ABSENT: _____ () WORKING DAYS _____

REASON FOR ABSENCE:

Vacation _____

Military Leave _____

Without Pay _____

Other _____

Sick Leave:

Self _____

Family _____

Death in Family _____

NATURE OF ILLNESS OR REASON FOR ABSENCE:

MEDICAL _____ DENTAL _____ HOSPITALIZED _____ HOME _____

If illness of self or family was physician in attendance? YES _____ NO _____

Employee

Date

APPROVED _____

Supervisor

NOT APPROVED _____

Date