

Absence Request Form

Name: _____ Date: _____

Department: _____

Requested No. of Scheduled Work Day(s) Off: _____

On/Beginning: ____ / ____ / ____ through ____ / ____ / ____

Comments: _____

Absence to be taken as:

Hours

Paid Time Off _____

Unpaid Time Off _____

Other (Explain Below) _____

Total _____

Comments: _____

Approved By:

Department Manager: _____ Date: _____

Additional: _____ Date: _____