|  |  |
| --- | --- |
| your logo here | [Company Name] |

# Absence Request

## Absence Information

|  |  |  |
| --- | --- | --- |
| Employee Name: | David | |
| Employee Number: | | 101 |
| Department: | Shipping | |
| Manager: | Bob | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Absence Requested: | | | | | | | | |
|  |  | Sick |  | Vacation |  | Bereavement |  | Time Off Without Pay |
|  |  | Military |  | Jury Duty |  | Maternity/Paternity |  | Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates of Absence: From: | 11/14/15 |  | To: | 11/15/15 |

|  |  |
| --- | --- |
| Reason for Absence: | |
| Don't feel so good | |
| *You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent.* | |
|  | 11/13/15 |
| Employee Signature | Date |

## Manager Approval

|  |  |  |
| --- | --- | --- |
|  |  | Approved |
|  |  | Rejected |

|  |  |
| --- | --- |
| Comments: | |
| Get back to work | |
|  | 11/13/15 |
| Manager Signature | Date |