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| --- | --- | --- | --- | --- | --- | --- | --- |
| Absence Request | | Stamp |  |  |  |  |  |
| Document ID |  | | | | | | |
| Submission Date |  | | | | | | |
| Department |  | | | | | | |
| Title |  | | | | | | |
| Name |  | | | | | | |
| Phone |  | | | | | | |
| Period | /      /       ∼      /      / | | | | | | |
| **Absence Type** | | | | | | | |
| I want to request an absence for ○○ . Please approve this. | | | | | | | |
|  | | | | | | | |

**Company Name**