



## Absence Request

### Absence Information

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Department: \_\_\_\_\_

Manager: \_\_\_\_\_

Type of Absence Requested:

- ☐ Sick      ☐ Annual      ☐ Unpaid      ☐ Personal Leave
- ☐ Other (Specify): \_\_\_\_\_

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Absence:

**Instructions for Employee:** Please complete this form and submit it to your supervisor and HR department as soon as possible. Attach any necessary supporting documentation (e.g., medical certificate for sick leave). Failure to submit this form within a reasonable time frame may result in unexcused absence. For employees who have been working for over one year, they may be eligible for 10 to 12 days of paid leave. Therefore, it is advisable to use paid leave judiciously.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Administrator Approval

- ☐ Approved
- ☐ Rejected
- ☐ Pending

Comments:

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date