

Absence Request

Employee Name

Date

To: Payroll Department

I **shall** be absent from the office

I **have been** absent from the office

Date/s: _____

Date/s: _____

Number of days: _____

Number of days: _____

Number of hours: _____

Number of hours: _____

PTO

Employee believes this absence may qualify for Family Medical Leave (FMLA)

Jury Duty (see EE handbook & attach summons)

Bereavement _____
Relationship to deceased

CA Sick Leave Other (Explain)

I currently have enough PTO hours to cover this request.

Employee's Signature

Date

Supervisor's Approval

Date

Payroll Department

Date

Comments:

*****This form must be approved by your supervisor and the payroll department prior to your requested time off.**

*****If requesting 3 or more days off work, you must provide at least one week of advance notice.**