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Absence Request

Absence Information

Name: _____

Client Case Load: _____

Supervisor: _____

Type of Absence Requested:

- Sick/ Medical Vacation Bereavement Time Off Without Pay
 Military Jury Duty Maternity/Paternity Other

Dates of Absence: From: _____ To: _____
Sick time _____ hours PTO Time _____ hours

Reason for Absence:

You must submit requests for absences, other than sick leave/ Bereavement, two weeks prior to the first day you will be absent.

Employee Signature

Date

Approval

- Approved
 Rejected

Comments:

Manager Signature

Date