



## Absence / Time-Off Request

Employee \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_

Date(s) Requested:

From \_\_\_\_\_ Through: \_\_\_\_\_

I can return to work on: \_\_\_\_\_

Hours Requested: From \_\_\_\_\_ To \_\_\_\_\_

With Pay ( )

Without Pay ( )

Make-up hours ( )

**Reason for Request / Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this agreement is contingent upon the completion of job responsibilities.  
I also understand that this request may be either approved or denied.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed By Supervisor:**

Approved ( )

Not Approved ( )

**Supervisor Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**  
Scanned   
Saved to Employee File