

12-14 East Garden Street Auburn, NY 13021 Phone: (315) 255-3390 Fax: (315) 255-2390 www.newbeginningscny.com

Absence / Time-Off Request

mployeeDate_		Date	
Department	——————————————————————————————————————		
Date(s) Requested:			
I can return to work on:		····	
Hours Requested: From		To	
With Pay ()	Without Pay ()	M	ake-up hours ()
	Reason for Request /	Comments:	
			_
I understand that this ag	reement is contingent upo	n the completion of	
I understand that this ag I also understand that th		n the completion of oproved or denied.	
I understand that this ag I also understand that th	reement is contingent upo is request may be either a	n the completion of oproved or denied.	job responsibilities.
I understand that this ag I also understand that th	reement is contingent upo is request may be either a	n the completion of oproved or denied.	job responsibilities.
I understand that this agr I also understand that the Employee Signature:	reement is contingent upo is request may be either a	n the completion of oproved or denied. Date of the completion of operoved or denied.	job responsibilities.
I understand that this agr I also understand that the Employee Signature:	reement is contingent upo is request may be either a To Be Completed By St	n the completion of oproved or denied. Date of the completion of operoved or denied.	job responsibilities.

For Office Use Only:	
Scanned	
Saved to Employee File	