



Absence Request DRIVER FORM

Absence Information

Employee Name: _____ EMP # _____

Supervisor: _____

Type of Absence Requested:

- | | | | |
|------------------------------------|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Military | <input type="checkbox"/> Vacation | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Time Off Without Pay |
| <input type="checkbox"/> Jury Duty | <input type="checkbox"/> FMLA | <input type="checkbox"/> Cash Out | |

Dates of Absence: From: _____ To: _____
1st day off Last day off

Date request to be paid: _____ Date of Hire: _____

Notes:

Employee Signature (by phone signature of representative) *Date*

Management Approval

- Approved
 Rejected

Comments:

Manager Signature *Date*