



Absence Request Form

Name: _____ Date: _____

Requested Number of Scheduled Work Day(s) off: _____

On/Beginning: _____ through _____

Comments: _____

Absence to be taken as:

	Hours
Paid Time Off	_____
Unpaid Time Off	_____
Other (Explain Below)	_____
Total:	_____

Comments: _____

Approved By:

_____ Date: _____

Calendar Year PTO remaining: _____ hours