



Absence Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requested Number of Scheduled Work Day(s) off: \_\_\_\_\_

On/Beginning: \_\_\_\_\_ through \_\_\_\_\_

Comments: \_\_\_\_\_

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Absence to be taken as:

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

Comments: \_\_\_\_\_

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Approved By:

\_\_\_\_\_ Date: \_\_\_\_\_

Calendar Year PTO remaining: \_\_\_\_\_ hours