



Absence Request

Employee Name _____

Date _____

To: Payroll

I **shall** be absent from the office

I **have been** absent from the office

Date/s: _____

Date/s: _____

Number of days: _____

Number of days: _____

Number of hours: _____

Number of hours: _____

Illness

Kin Care

Employee believes this absence may qualify for Family Medical Leave (FMLA)

Vacation / PTO _____

Jury Duty (attach summons)

Bereavement _____
Relationship to deceased

Military Spouse Leave* (attach documentation that your spouse is on leave from military deployment)

Other (explain):

Employee's Signature _____

Date _____

Supervisor's Signature _____

Date _____

* Military spouse leave is only applicable to employers with 25 or more employees and employees who work more than 20 hours per week.