



Absence Request

Absence Information

Employee Name: _____

Type of Absence Requested:

- Sick Vacation Bereavement Time Off Without Pay
 Military Jury Duty Maternity/Paternity Other

Dates of Absence: From: _____ To: _____

Reason for Absence:

You must submit requests for absences, other than sick leave, a week prior to the first day you will be absent.

Employee Signature

Date

Manager Approval

Approved

Date of Hire _____

Rejected

Days Earned _____

Comments:

Controller Signature

Date

VP of Construction Operations Signature

Date