

ABSENCE REPORT / TIME OFF REQUEST

Employee Name _____ Employee Number _____

First Date of Absence _____ Expected Return Date _____

Reason for Absence:

- | | | | |
|-------------------------------------|---|--|----------------------------------|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Military Leave | <input type="checkbox"/> Other |
| <input type="checkbox"/> Suspension | <input type="checkbox"/> Family Medical Leave | <input type="checkbox"/> Accident on Job | <input type="checkbox"/> Funeral |

Number of hours requested: PTO Unpaid

Explanation:

Was absence expected in advance? Yes No

Was absence reported on first day? Yes No

Employee Signature: _____ Date _____
(employee must sign for PTO use)

Supervisor Approval: _____ Date _____

Payroll Input: _____ Date _____