**ABSENCE REPORT / TIME OFF REQUEST**

Employee Name Employee Number

First Date of Absence \_\_\_\_\_ Expected Return Date

**Reason for Absence:**

□ Illness □ Jury duty □ Military Leave □ Bereavement

□ Suspension □ Family Medical Leave □ Work related injury □ Other

Number of hours requested: **□ PTO □ MN Sick/Safe Time □ Unpaid**

 **(ESST)**

\*Before submitting for PTO or MN Sick, please ensure you have enough hours accrued to cover your request.\*

For MN Sick, please briefly explain what absence is related to:

|  |
| --- |
| Explanation:  |
|  |
|  |

Was absence expected in advance? □ Yes □ No

Was absence reported on the first day? □ Yes □ No

Employee Signature: Date

***(Employee must sign for PTO or MN Sick use)***

Supervisor Approval: Date

Payroll Input: Date

Revised: January 1, 2024