



# OIC Absence Request Form

## Absence Request

### Absence Information

Employee Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Type of Absence Requested:

- |                                   |                                    |  |   |
|-----------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Sick     | <input type="checkbox"/> Vacation  | <input type="checkbox"/> Bereavement         | <input type="checkbox"/> Time Off Without Pay |
| <input type="checkbox"/> Military | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Maternity/Paternity | <input type="checkbox"/> Other                |

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Absence:

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

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

### Supervisor Approval

- Approved
- Rejected

Comments:

\_\_\_\_\_  
*Manager Signature*

\_\_\_\_\_  
*Date*

- Copy to Employee
- Copy to File