



FRIENDSHIP • SUPPORT • COMMUNITY

STAFF ABSENCE REQUEST

Name: _____

Position: _____

Date Submitted: _____

Paid Leave Unpaid Leave

Reason: Vacation Personal Other (specify) _____

Date(s) Absent: _____

Total Number of Hours Absent: _____

To be completed by Program Manager or Executive Director

Absence approved:

Print Name

Date

Signature

- 1) Please have form signed, 2) Scan & email a copy to payroll,
3) Forward copy to HR department