



NON-CONTRACT EMPLOYEE ABSENCE REQUEST

Employee Name

Clock No.

Department

Shift Assigned

Request Date

ROUTING	INITIAL	DATE
Supervisor:		
Payroll:		
Employee:		

REASON FOR ABSENCE	DATES		REQUESTING EMPLOYEE'S SIGNATURE
<input type="checkbox"/> Paid Time Off (PTO)	Days:	Start:	
	Hours:	Return On:	
<input type="checkbox"/> Leave of Absence Without Pay	Days:	Start:	
	Hours:	Return On:	
<input type="checkbox"/> Floating Holiday	Start:		
	Return On:		
<input type="checkbox"/> Funeral Leave Relationship to Employee:	Start:		
	Return On:		
<input type="checkbox"/> Jury Duty	Start:		
	Return On:		
<input type="checkbox"/> PTO Cash Out (4 Hour Minimum)	Hours:		

THIS SECTION TO BE COMPLETED BY SUPERVISOR ONLY			
<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied		Reason:	
<input type="checkbox"/> Employee Absent Due to Sickness		Start:	Supervisor's Signature:
Employee is:	Hours:	Returned On:	
<input type="checkbox"/> Exempt <input type="checkbox"/> Hourly			