



CONTRACT EMPLOYEE ABSENCE REQUEST

Employee Name

Clock No.

Department

Shift Assigned

Request Date

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"/> PTO Cash Out (8 Hour Minimum)	Hours:		

ROUTING	INITIAL	DATE
Supervisor:		
Payroll:		
Employee:		

THIS SECTION TO BE COMPLETED BY SUPERVISOR ONLY	
<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied	Supervisor's Signature:
Reason:	Date: