

Absence Request

Absence Information

Employee Name: _____

Department: _____ Date: _____

Supervisor: _____

Type of Absence Requested:

- Sick Vacation/Annual Leave Jury Duty Time Off Without Pay
 Military Comp FMLA Other

Dates of Absence: From _____ To _____

Reason for Absence:

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

Employee Signature

Date

Supervisor Approval

- Approved
 Rejected

Comments:

Supervisor Signature

Date

After completion, please return this form to the Park County Human Resources department.