



## Absence Request Form

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

Department: \_\_\_\_\_

**Type of Absence Requested:** (Online, double click on the box you want to mark and change to "checked" then press OK)

- Vacation
- Floating Holiday
- Jury Duty
- Sick/PTO
- Bereavement
- Time Off - NoPay
- \*E-FMLA (COVID-19 childcare-related only)
  - \* Complete and include E-FMLA Form
  - \* Attach documentation that shows closure (per DOL)
- \*Sick/PTO (COVID-19 related absence only)
  - \* state reason for request \_\_\_\_\_
  - \* If for self-quarantine, have you been advised by a healthcare provider Y or N
  - \* Attach documentation from healthcare provider and name of healthcare provider

**Dates of Absence:**

From: \_\_\_\_\_ To: \_\_\_\_\_

Total Number of Hours Requested:

Additional Discussion If Needed:

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

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

**Supervisor Approval:**

- Approved
- Rejected

Comments:

\_\_\_\_\_  
*Supervisor Signature*

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