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| log03 | RL Doskocil, Inc. |

# Absence Request

## Absence Information

|  |  |
| --- | --- |
| Employee Name: |  |
| Employee Number: |  |
| Department: |  |
| Supervisor: |  |

|  |
| --- |
| Type of Absence Requested: |
|  | [ ]  | Sick | [ ]  | Vacation | [ ]  | Bereavement | [ ]  | Time Off Without Pay |
|  | [ ]  | Military | [ ]  | Jury Duty | [ ]  | Maternity/Paternity | [ ]  | Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates of Absence: From: |  |  | To: |  |

|  |
| --- |
| Reason for Absence: |
|  |
| *You must submit requests for absences, other than sick leave, three days prior to the first day you will be absent.*  |

|  |  |
| --- | --- |
|  |  |
| Employee Signature | Date |

## Supervisor Approval

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| --- | --- | --- |
|  | [ ]  | Approved |
|  | [ ]  | Rejected |

|  |
| --- |
| Comments: |
|  |

|  |  |
| --- | --- |
|  |  |
| Supervisor Signature | Date |