



REQUEST FOR LEAVE/ABSENCE/TARDINESS FORM

Employee Name: _____

Position: _____ Date: _____

REQUEST FOR LEAVE

List days requested: _____

Reason: Vacation Other: _____

NOTE: Requests for vacation pay must be made on a time sheet; this form DOES NOT initiate vacation pay

ABSENCES:

List working days/time absent: _____

Reason: Illness Doctor/Dentist Appt Jury Duty (attach backup)
 Death in Family Accident on Job FMLA – Contact HR 1st
 Other: _____

Called In: YES NO

TARDINESS REPORT

Date: _____ Time of Arrival at Work: _____

Reason: _____

Called In: YES NO

SUPERVISORS SIGNATURE: _____ DATE: _____

I understand that absences are a key factor in evaluating my performance and if this is anything other than pre-approved absence, that it could result in actions including termination of employment.

EMPLOYEE SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

- ENTERED INTO OUTLOOK CALENDAR
- ENTERED INTO TRAINING DATABASE
- FIELD ONLY Viewed by: JW TS