



# Martin Methodist College

## Absence Request

### Absence Information

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

Employee Number: \_\_\_\_\_ Department: \_\_\_\_\_

Manager: \_\_\_\_\_

Type of Absence Requested:

- Sick                       Vacation                       Personal (Sick)                       Time Off Without Pay  
 Other

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Absence:

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

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

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

### Manager Approval

- Approved  
 Rejected

Comments:

\_\_\_\_\_  
*Manager Signature*

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