

Memorial United Methodist Church

Absence Request

Absence Information

Employee Name: _____

Type of Absence Requested:

<input type="checkbox"/> Sick/Personal	<input type="checkbox"/> Vacation	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Time Off Without Pay
<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Continuing Ed.	<input type="checkbox"/> Maternity/Paternity	<input type="checkbox"/> Other _____

Dates of Requested: - From: _____ To: _____ Total Hours Requested: _____

Reason for Absence: _____

Employee Signature

Date

Supervisor Approval

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
-----------------------------------	---------------------------------

Comments: _____

Supervisor Signature

Date

Memorial United Methodist Church

Absence Request

Absence Information

Employee Name: _____

Type of Absence Requested:

<input type="checkbox"/> Sick/Personal	<input type="checkbox"/> Vacation	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Time Off Without Pay
<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Continuing Ed.	<input type="checkbox"/> Maternity/Paternity	<input type="checkbox"/> Other _____

Dates of Requested: - From: _____ To: _____ Total Hours Requested: _____

Reason for Absence: _____

Employee Signature

Date

Supervisor Approval

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
-----------------------------------	---------------------------------

Comments: _____

Supervisor Signature

Date