

# Absence Request Approval Form

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**Form Owner:** Human Resources  
**Form Used By:** Individuals, Managers  
**Process Responsibility:** Individuals, Managers  
**Final Accountability:** Managers

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**Name:**  **Today's Date:**    
**Department:**   **First Day of Absence:**    
**Date of Return:**  

<i>Reason for Absence</i>	<i>No. Days Requested</i>	<i>Reason for Absence</i>	<i>No. Days Requested</i>
<input type="checkbox"/> Vacation	<input type="text"/>	<input type="checkbox"/> Sick Day	<input type="text"/>
<input type="checkbox"/> Training	<input type="text"/>	<input type="checkbox"/> Maternity Leave	<input type="text"/>
<input type="checkbox"/> Bereavement	<input type="text"/>	<input type="checkbox"/> Jury Duty	<input type="text"/>
<input type="checkbox"/> Other: (Please Specify)			
<input type="text"/>			

**Your Signature:** \_\_\_\_\_

**Department Manager:**

**Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Additional Information

### Related Documents

- [Time Off Reporting](#)
- [Family Leave](#)
- [Jury Duty](#)
- [Incidental Sick and Personal Time](#)
- [Unpaid Leave of Absence](#)
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