Absence Notification & Request

Star Buick GMC Cadillac

REQUIRED F	OR ALL DEPARTMENTS -	- DELIVER 1 COPY TO PAYROLL & 1 COPY TO HR	
Employee Name:			
Department:			
Manager:			
Type of Absence R	equested:		
Sick	Vacation	Bereavement Time Off Without Pay	
Military	Jury Duty	Maternity/Paternity Other	
Dates of Absence: From:		То:	
TOTAL NUMBER O	OF BUSINESS DAYS:		
Reason for Absenc	e:		

You must submit requests for absences, other than sick leave, TWO WEEKS prior to the first day OR TWO MONTHS IF A VACATION REQUEST, to allow management time to plan coverage.

PLEASE NOTE: HR Department will assist with Family and Medical Leave (FMLA) requests.

Employee Signature				Date	
_	_	N	lanager Approval		_
Approved	Circle One:	PAID	NOT PAID		
Rejected					
Comments:					
Department Manager Signature				Date	