

Absence Information

Employee Name: _____

Employee Number: _____ Department: _____

Manager: _____

- | | | | |
|--------------------------|--------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> Other | | |

Dates of Absence: From: _____ To: _____

Reason for Absence:

Employee Signature

Date

Manager Approval

- Approved
- Rejected

Comments:

Manager Signature

Date