



Absence Request

Absence Information

Employee Name: _____

Department: _____

Manager: _____

Type of Absence Requested:

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Personal | <input type="checkbox"/> Service Recognition | <input type="checkbox"/> Time Off Without Pay |
| <input type="checkbox"/> Military | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Maternity | <input type="checkbox"/> Professional Leave |
| <input type="checkbox"/> Other (<i>Please specify</i>) | <input type="checkbox"/> Bereavement | | |

Dates/Times of Absence: From: _____ To: _____

Reason for Absence/Comments: _____

Total Days Taken: _____

Requests for absences, other than sick leave, must be submitted a minimum of 5 business days prior to the first day of the absent. Absence requests must be submitted and approved prior to making personal arrangements. Personal arrangements made prior to approved absences will not effect the decision to approve or deny an absence request. Paid Leave can only be taken as a full or half day. Paid leave will follow Hartzell's Pharmacy, Inc. policy. Employees with approved leave and that have exhausted their paid time off (vacation, personal, etc.), may still take the approved time off without pay.

Employee Signature _____

Date _____

Manager Approval

- Approved
- Rejected

Comments: _____

Manager Signature _____

Date _____

Sick absences must be documented separately and reported to HR and Employee Health Services by management.