



Absence Request

Absence Information

Employee Name: _____

Social Security Number: _____

Client: _____

Type of Absence Requested:

- Sick Vacation Bereavement Time Off Without Pay
- Military Jury Duty Maternity/ Paternity Other _____

Date of Absence: From: _____

To: _____

Reason for Absence:

You must submit for absences, other than sick leave, one week prior to the first day you will be absent.

Signature of Employee: _____

Date: _____

Manager/ Supervisor Approval

- Approved Rejected

Comments:

Manager/ Supervisor Signature

Date

6754 Willowbrook Park Drive, # 200 Houston, TX 77066 Phone: 281-398-1955 Fax: 281-398-1960