

UNCLE REMUS REGIONAL LIBRARY SYSTEM

ABSENCE REQUEST FORM

(Annual leave hours must be requested a minimum of 2 weeks in advance)

EMPLOYEE'S NAME _____ LIBRARY _____

I am requesting the following hours for: (Please check all that apply)

_____ Vacation _____ Personal _____ Birthday
_____ Sick _____ Holiday _____ Floating Holiday
_____ Other (Please specify, i.e. Jury Duty, Funeral, etc.)

IF UNCERTAIN OF AVAILABLE HOURS, PLEASE ASK YOUR MANAGER.

TYPE	DATE	REASON	HOURS

Excused Un-Excused Pre-Scheduled Un-Scheduled

COMMENTS _____

Employee's Signature _____ Date Signed _____

Approved By _____ Date Signed _____

Note: Manager to attach completed form to Time Sheet for the pay period(s).