

Home Living Furniture

Absence Request

Requests for absences, other than for sick leave, must be submitted at least ten days in advance.

Absence Information

Employee Name: _____

Employee Number: _____ Department: _____

Manager: _____

Type of Absence Requested:

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

Dates of Absence: From: _____ To: _____

Reason for Absence:

Signature of Employee

Date

Company Policy for Paid Time Off is as follows:

1) First Year 3 Personal Days (This is the calendar Year in which you joined)

2) Second Year: 1 Week

3) Third Year and onwards: 2 Weeks

Paid Vacation is accrued based on # of Months Worked.

Manager Approval

Absence Request Approved

Absence Request Rejected

Manager's Comments:

Signature of Manager

Date