

ACME Corporation

Vacation Request

Absence Information

Employee Name: _____

Employee Number: _____

Department: _____

Manager: _____

Type of Absence Requested:

☐ Sick ☐ Vacation ☐ Bereavement ☐ Time Off Without Pay

☐ Military ☐ Jury Duty ☐ Maternity/Paternity ☐ Other

Dates of Absence: From: _____ To: _____

Reason for Absence:

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

Employee Signature

Date

Manager Approval

☐ Approved

☐ Rejected

Comments:

Manager Signature

Date