



ABSENCE PERMISSION REQUEST FORM

Name: _____ Department: _____

Company: _____ Employee Number: _____

EMPLOYEE	
Absence start date	
Absence end date	
Return date	
Reason for absence	

HUMAN RESOURCES	
Number of days authorized	

APPOVAL & SIGNATURES			
Employee		Manager/Supervisor	
Financial/ Academic Direction		Human Resources	

Note:

Please note that this permission is not paid.