



Audio Visual Design and Installation  
14805 Leo Road  
Leo, IN 46765

**Absence Request**

**Absence Information**

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Manager: \_\_\_\_\_

Type of Absence Requested:

- Sick                       Vacation                       Bereavement                       Time Off Without Pay
- Military                       Jury Duty                       Maternity/Paternity                       Doctor                       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                       Added To Calendar                      Date Added: \_\_\_\_\_
- Rejected                      Added By: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Manager Signature* *Date*