

CAROLINA CARE SOLUTIONS

Absence 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 weeks prior to the first day you will be absent.

Employee Signature

Date

Manager Approval

- Approved
- Rejected

Comments:

Manager Signature

Date