

# CDD EMPLOYEE REQUEST FOR ABSENCE

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Property: \_\_\_\_\_

## Type of Leave:

Vacation     Sick leave     Floating Holiday     Other \_\_\_\_\_

## List the shifts you will miss:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ # of hours: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ # of hours: \_\_\_\_\_

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ # of hours: \_\_\_\_\_

\_\_\_\_\_ Total number of leave hours requested. (Please fill out a separate form for each pay period)

Employee Signature: \_\_\_\_\_

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Supervisor checked accrued time: \_\_\_\_\_

Date approved by Supervisor: \_\_\_\_\_ Initials: \_\_\_\_\_  
(request must be approved prior to leave)

Supervisor has entered time in MITC \_\_\_\_\_

**OR**

Denied by Supervisor: \_\_\_\_\_ Reason denied: \_\_\_\_\_

Copy of approved or denied time has been given to the employee \_\_\_\_\_

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Checked and approved by Admin staff \_\_\_\_\_ (Program Coord. Or DDP)

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P/R Dept.

Recorded in CDD record \_\_\_\_\_ by \_\_\_\_\_

Original to office  
Copy to requesting employee

May 2011, Nov-13