

EMPLOYEE REPORT OF ABSENCE

NAME _____

DATE COMPLETED _____

DATE(S) OF ABSENCE _____

TOTAL HOURS REQUESTED: _____
(excluding weekends and regular days off)

REASON (check below):

These need advance approval, except sick leave

With Pay

Without Pay

Funeral / Bereavement

Sick Leave

Floating Holiday

Leave without pay

Jury Duty Leave

Authorized make up time

Training / Seminar (title of event) _____

Vacation date(s) From ____/____/____ To ____/____/____

Other reasons _____

Victorville

VVCS

Apple Valley

Hesperia

Lucerne Valley

Littlerock

Palmdale

Victoryville

Adelanto

Colton

Boron

Azusa

EXPLANATION (if necessary) _____

EMPLOYEE SIGNATURE _____ /_____/_____
(Date)

APPROVAL(S) _____ /_____/_____
(Direct Supervisor) (Date)

_____/_____/_____
(Executive Pastor / Lead Pastor) (Date)

DISAPPROVAL /REASON _____

FOR OFFICE USE ONLY

_____/_____/_____
(Human Resources) (Comments) (Date)