

ABSENCE REQUEST FORM
DELAWARE CARDIOVASCULAR ASSOCIATES

EMPLOYEE NAME: _____

DATES AND HOURS REQUESTED [WRITE IN THE SPECIFIC DAY(S) OF THE WEEK]

DATE	/ /	/ /	/ /	/ /	/ /
DAY	MON	TUE	WED	THURS	FRI
# of hours					
AM/PM/FULL DAY					
TYPE					

DATE	/ /	/ /	/ /	/ /	/ /
DAY	MON	TUE	WED	THURS	FRI
# of hours					
AM/PM/FULL DAY					
TYPE					

TYPE COULD BE

(1) DISCRETIONARY TIME OFF

INDICATE SUBCATEGORY:

▶ VACATION ILLNESS PERSONAL DAY

(2) FUNERAL LEAVE

(3) LEAVE WITHOUT PAY

(4) LEAVE W/O PAY DURING FIRST 3-MONTHS TO BE CONVERTED TO DISCRETIONARY TIME AND PAID AFTER 3-MONTHS

(5) ACCIDENT ON JOB

(6) JURY DUTY

(7) EXCUSED WEATHER-RELATED ABSENCE

ATTENDANCE RECORDED AS

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Send the completed copy to Shraven Pakanati, Business Mgr