

Absence Information							
Employee Name:							
Employee Number:		Contract/Dept					
CCCR Manager:							
Contract Manager:							
Type of Absence Requested:							
<input type="checkbox"/>	Sick	<input type="checkbox"/>	Vacation	<input type="checkbox"/>	Bereavement	<input type="checkbox"/>	Time Off Without Pay
<input type="checkbox"/>	Military	<input type="checkbox"/>	Jury Duty	<input type="checkbox"/>	Maternity/Paternity	<input type="checkbox"/>	Other
Dates of Absence: From:				To:			
Reason for Absence:							
<i>You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent.</i>							
<i>Employee Signature</i>						<i>Date</i>	
Contract Manager Acknowledgement							
<input type="checkbox"/>	Acknowledged						
Comments:							
<i>Contract Manager Signature</i>						<i>Date</i>	
C3R Management Acknowledgement							
<input type="checkbox"/>	Approved			<input type="checkbox"/>	Rejected		
Comments:							
<i>CCCR Manager Signature</i>						<i>Date</i>	