

# Absence Approval Form



Employee Name \_\_\_\_\_ Employee ID \_\_\_\_\_ Date \_\_\_\_\_

Facility name \_\_\_\_\_ Facility number \_\_\_\_\_

Department name \_\_\_\_\_ Department number \_\_\_\_\_

Absence Request/Reason for absence				
	Scheduled Absence		Absence Dates	
	Days	Hours	From	Through
Paid Time Off (PTO) Hours	_____	_____	_____ / _____	_____ / _____
	_____	_____	_____ / _____	_____ / _____
City/State Paid Sick Leave Hours	_____	_____	_____ / _____	_____ / _____
Extended Illness (Reference Policy)	_____	_____	_____ / _____	_____ / _____
Bereavement *	_____	_____	_____ / _____	_____ / _____
Continuing Education *	_____	_____	_____ / _____	_____ / _____
Family/Medical Leave **	_____	_____	_____ / _____	_____ / _____
General Leave **	_____	_____	_____ / _____	_____ / _____
Other	_____	_____	_____ / _____	_____ / _____

\* Time off with pay      \*\* Please complete appropriate Leave Of Absence Forms

Indicate Hours Requested	
PTO - Extended Illness – City/State Paid Sick Leave	<input type="checkbox"/> Check if Supervisor is completing form on behalf of employee.
_____ PTO Hours (may not exceed scheduled hours)	
<input type="checkbox"/> Check if request includes reimbursement for shift differential (paid in addition to base rate on PTO Hours, but may not exceed schedule hours in which shift differential would apply.)	
_____ Extended Illness hours (Reference HR policy.)	
_____ City/State Paid Sick Leave Hours (may not exceed scheduled hours)	

Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_

Request to sell PTO (Indicate amount in hours and indicate percentage)
I wish to redeem _____ PTO hours at <input type="checkbox"/> 75% <input type="checkbox"/> 100%.
<b>PTO – 100%:</b> By choosing this option, I am aware that the accruals to my PTO account will be suspended for 3 pay periods following distribution. (Supervisory approval not needed.) *If you are represented by a union, please check with your human resources or union representative as the accrual suspension time period may be different.
<b>PTO – 75%:</b> This option is <u>not</u> available to employees living in California, Colorado, Kentucky, Maryland, South Carolina and West Virginia. By choosing this option, I am aware that I will receive a payment worth 75% of my PTO value (75 cents on the dollar), and my PTO will continue to accrue without interruption.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee \_\_\_\_\_

<b>HR/Payroll Use</b>	PTO Hours available: _____	Extended Illness Hours available: _____	City/State Paid Sick Leave Hours available: _____
<b>Payroll use only</b>	Effective PPE: _____	Date Requested: _____	Date Received: _____