



## California Manager's Time Off Absence Approval Form

Name _____	SSN _____	Date _____
Facility Name _____	Facility # _____	
Department Name _____	Department # _____	

	Number of Days Absent	Absence Dates	
		From	Through
Requested Time Off (must be in whole days) _____	_____	_____	_____
Family Medical Leave _____	_____	_____	_____

_____ Employee Signature	_____ Date turned in to supervisor
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_____ Supervisor Approval	_____ Date
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**PAYROLL USE ONLY**

Effective PPE _____	Date Requested _____
	Date Received _____