



ABSENCE REQUEST FORM

Employees must receive prior authorization for time-off. Below, please list the date(s) you intend to be absent, including the reason.

Date(s) Requested: _____

Reason for Absence (Place an X on the appropriate line):

Vacation Day: _____

Sick Day: _____

Unpaid Time Off: _____

Special Circumstances: _____

Supervisor’s Name: Prasuna Pasham

Date: _____

By: _____

Employee Name:

Employee Signature

INTERNAL USE ONLY

APPROVED: _____ **DENIED:** _____ **OTHER:** _____

SUPERVISOR SIGNATURE: _____

(1) Original to North Point IT Corp.; (2) Employee to retain copy for records.