



Absence Report

2500 E. Nutwood Ave.
Fullerton, CA 92831 USA
(714) 879-3901
FAX (714) 681-7512

This form is to be completed by the employee and submitted to their supervisor when requesting time off.

For absences related to Sick Leave or Kin Care*, this form is to be completed by the employee on their first day back in the office and submitted to their supervisor for signature. Questions relating to leave should be directed to Human Resources.

Employee Name _____ Date _____ Department _____

Request for Time Off

VACATION Dates _____ Total Hours _____	UNPAID LEAVE OF ABSENCE Reason _____ Dates _____ Total Hours _____
OPTIONAL HOLIDAY Dates _____ Total Hours _____	OTHER Dates _____ Total Hours _____

Report of Absence

SICK LEAVE Dates _____ Total Hours _____	KIN CARE SICK LEAVE* Dates _____ Total Hours _____ <small>*Please use this box when recording Kin Care Sick Leave. Under California's "Kin Care" law, employees are permitted to use up to 3 days per year of the employee's sick leave accrual of 6 days per year, once it is accrued and actually available, when he or she needs time off to care for a sick family member which includes a child, parent, spouse, domestic partner or child of domestic partner.</small>
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Employee Signature _____ Date Request Submitted _____

For Supervisor Use Only:

Check one:

- Request for time off has been approved and submitted.
- Request for time off has been denied.

Supervisor or Department Manager

Title

Please Print Name

Date