

Personal Time Off/Absence Request

Company: CPC _____ BRIA _____

Employee Name: _____ Date: _____

Office Location: _____ Position: _____

Reason for Leave: _____

Paid Unpaid

Leave Requested:

FROM	TO	TOTAL HOURS	TOTAL DAYS

Alternate Request: *(If above request is not approved)*

FROM	TO	TOTAL HOURS	TOTAL DAYS

The following employee(s) has/have agreed to cover my duties and/or shift during my absence: _____

Employee's Signature

Supervisor's Signature

Print Name

Date

HR Approval

Print Name

Date