

**AUTISTIC SERVICES, INC.**  
**ABSENCE REQUEST FORM**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Site: \_\_\_\_\_ Position: \_\_\_\_\_

Type of Absence	Vacation	Personal/ Sick	Holiday	Jury Duty	Reserve Duty	Bereave- ment
Total Days:						
Hours:						
Date(s) From: To:						
Time(s) From: To:						

Do you/will you have enough benefit time to cover this absence request?  Yes  No

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

Approved\*

Not Approved

If not approved, state reason: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

*Please note any additional responsibilities (i.e. transportation, reports, consumer reviews, etc.) that will have to be covered during this requested absence.*

Remarks: \_\_\_\_\_

**\*If approved, original Absence Request Form should be forwarded to the Payroll Department and employee should be given a copy of the Absence Request Form.**