

AUTISTIC SERVICES, INC.

ABSENCE REQUEST

Employee Name _____ Date _____

Site _____ Position _____

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

Employee Signature _____

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: _____

Complete Leave of Absence Form for the following unpaid leaves:

- Family Leave
- Military Leave
- Disability Leave