VAL VERDE REGIONAL MEDICAL CENTER
ABSENCE REQUEST REPORT

NAME:_____DATE:_____

DATES REQUESTING:_____
_____

REASON FOR ABSENCE:

___PAID TIME OFF (PTO)
___FUNERAL LEAVE
___LEAVE OF ABSENCE WITH PAY*
___EXTENDED ILNESS (EIB)*
___JURY DUTY
___LEAVE OF ABSENCE W/O PAY**

*Must present physician excuse.
**Reason_____
_____
_____

Requested By:_____
Employee Signature

Approved By:_____ Date:_____
Department Manager