



City of Fort Stockton

Absence Request

Absence Information

Employee Name: _____

Department: _____

Type of Absence Requested:

Total hours requested: _____

Sick

Vacation

Bereavement

Personal

Military/Jury Duty

Comp Time Taken

Maternity/Paternity

Leave Without Pay/Other

Dates of Absence: From: _____

To: _____

Times: From: _____

To: _____

Reason for Absence: _____

Submit requests for absences to your supervisor, other than sick leave, two days prior.

Employee Signature

Date

Supervisor Approval

Approved

Rejected

Comments: _____

Supervisor Signature

Date