



DIAGNOSTIC IMAGING & RADIOLOGY

Planned Absence Request Form

Employee Information

Date Submitted: _____

Employee Name: _____

Type of Request

Check appropriate box(es) below

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Planned Sick | <input type="checkbox"/> Vacation | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Time Off Without Pay |
| <input type="checkbox"/> Military Leave | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Maternity/Paternity | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> ASSLA | <input type="checkbox"/> Holiday Exchange | <input type="checkbox"/> Leave Early/Late | <input type="checkbox"/> Other |

Number of Days Requested: _____

Dates Requested: From: _____ To: _____

*Actual Meeting Dates: From _____ To: _____

Return to Work Date: _____

Purpose for Absence: (i.e. meeting, course, etc)

Number you can be reached in case of an emergency: _____

Employee Signature

Date

Approval

- Approved
 Rejected

Comments:

Manager Signature

Date