

AUTHORIZATION FOR VACATION/SICK BENEFITS

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

Date(s) Requested to be gone: \_\_\_\_\_

Vacation \_\_\_\_\_ Sick \_\_\_\_\_ Personal Holiday \_\_\_\_\_ Without Pay \_\_\_\_\_

# of days/hours to be paid \_\_\_\_\_

Approved by:

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Controller: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

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

**\*\* PLEASE ATTACH TO YOUR TIME CARD DURING PAY PERIOD OF ABSENCE FROM WORK.**

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