



127 Powhattan Ave
Lester, PA 19029
P: 610-521-7441
F: 610-521-7450

Absence / Vacation Request

Absence / Vacation Information

Employee Name: _____

Employee Number: _____

Department: _____

Manager: _____

Type of Absence Requested:

- Sick Vacation Bereavement Time Off Without Pay
- Military Jury Duty Maternity/Paternity Other

Dates of Absence: From: _____ To: _____

Reason for Absence: Do not fill in for vacation.

You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent. Vacations must be submitted 3 weeks in advance.

Employee Signature *Date*

Manager Approval

- Approved
- Rejected

Comments:

Manager Signature *Date*