

GRAMERCY

INFORMATION ● TECHNOLOGY

Policy Leave of Absence Request Form

Absence Information

Employee Name: _____
Department:: _____
Manager: _____

Date(s) of Absence: **From:** _____ **To:** _____

Type of Absence Requested:

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

***Please check with Payroll Department if you are eligible for PTO (Paid Time Off)**

Reason for Absence (If Reason Is Not Stated Above):

Employee Signature

Date

Manager Approval

- *Calendar has been checked to ensure that there are no conflicts.
 Approved

Comments:

Manager Signature

Date