



SUMMER ABSENCE REQUEST FORM

Employee Name: _____

Staff Number: _____

Date of Request: _____

Reason for absence:

Other (explain) _____

2021

May							June							July							August							
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
						1			1	2	3	4	5						1	2	3	1	2	3	4	5	6	7
2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	
9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	
23	24	25	26	27	28	29	27	28	29	30	25	26	27	28	29	30	31	29	30	31								
30	31																											

First day of absence: _____
Day of week Date Time (if applicable)

Date of return to work: _____
Day of week Date Time (if applicable)

Total number of days: _____

Employee Signature

Approved by: _____
Supervisor