



SUMMER ABSENCE REQUEST FORM

Employee Name: _____

Staff Number: _____

Date of Request: _____

Reason for absence:

Other (explain) _____

2022

June 2022

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"	5	6	7	8	9	10	11
"	12	13	14	15	16	17	18
"	19	20	21	22	23	24	25
"	26	27	28	29	30		

July 2022

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
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"	3	4	5	6	7	8	9
"	10	11	12	13	14	15	16
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"	31						

August 2022

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"		1	2	3	4	5	6
"	7	8	9	10	11	12	13
"	14	15	16	17	18	19	20
"	21	22	23	24	25	26	27
"	28	29	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