

# Staff Absence Form Online

## Employee Information

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

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Absence Details

Type of Absence (Check one):

Sick Leave

Personal Leave

Family Emergency

Bereavement Leave

Jury Duty

Other: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Total Days Absent: \_\_\_\_\_

## Additional Notes

Provide any relevant information: \_\_\_\_\_

## Manager Approval

Manager Name: \_\_\_\_\_

Approval Status (Check one):

Approved

Denied

**Manager Comments:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I acknowledge that I have reviewed the company leave policy and understand the requirements.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_