



ABSENCE REQUEST

Form must be submitted no later than the Monday following the absence in order to be paid in the same period as the absence.

Fax to (888) 632-7001 or email to kpgservices@kpg-inc.com

Employee Name (print): _____

Indicate whether absence request is for current or future absence by marking box below:

I will be absent from my assignment

Date(s): _____
Number of Days: _____
Number of Hours: _____

I have been absent from my assignment

Date(s): _____
Number of Days: _____
Number of Hours: _____

- * Sick Leave – Self
- ** Sick Leave – Family Member
- Vacation / Personal Time Off **NOTE: If requesting Longevity Bonus hours, please indicate below:**
- Requesting longevity bonus payment processing.**

The following circumstances may be approved absences, but are not considered paid leave:

- Bereavement (immediate family members to include own/spouse’s children, parents, siblings, and grandparents)
- School/child care activity or emergency (attach documentation from school or licensed child care provider)
- Jury Duty (attach summons)
- Military Leave (you or a spouse). If spousal leave, attach documentation that your spouse is on Leave from military deployment.
- Other (explain): _____

***Employees may use their accrued paid sick days to take paid time off for the diagnosis, care, or treatment of an existing health condition of, or preventative care for, an employee or an employee’s family member. An employee who is a victim of domestic violence may use paid sick days to: (1) to seek medical attention for injuries caused by domestic violence, sexual assault, or stalking; (2) to obtain services from a domestic violence shelter, program, or rape crisis center as a result of domestic violence, sexual assault, or stalking; (3) to obtain psychological counseling related to an experience of domestic violence, sexual assault, or stalking; and (4) to participate in safety planning and take other actions to increase safety from future domestic violence, sexual assault, or stalking, including temporary or permanent relocation.**

Employee Signature

Date

Supervisor’s Signature

Date

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS BOX	
Anniversary Date:	
Requested Hours:	
Eligible Hours:	