



ABSENCE REQUEST

YOU MUST REPORT OUT TO A KINETIC REPRESENTATIVE VIA EMAIL OR PHONE CALL

- (951) 808-5405 – INLAND EMPIRE OFFICE
- (562) 472-0605 – CERRITOS OFFICE
- CUSTOMERSERVICE@KPG-INC.COM

- ASK YOUR MANAGER / SUPERVISOR TO REVIEW AND SIGN TO CONFIRM YOUR ABSENCE (THIS IS NOT A GUARANTEE OF PAYMENT)

SUBMIT FORM BY MONDAY NOON FOLLOWING YOUR ABSENCE DIRECTLY TO KINETIC

- EMAIL FORM TO CUSTOMERSERVICE@KPG-INC.COM
- FAX FORM TO (888) 632-7001

EMPLOYEE NAME (PRINT): _____

COMPANY ASSIGNED TO: _____

MANAGER / SUPERVISOR (PRINT): _____

DATE(S) OF ABSENCE: _____

TYPE OF ABSENCE

- Diagnosis, care or treatment of an existing health condition (sick) OR preventive care for an employee or an employee’s immediate family member (own/spouse’s child(ren), parents, siblings and grandparents)*
- To seek medical attention for injuries AND/OR to obtain psychological counseling related to an experience of domestic violence, sexual assault or stalking*
- To obtain services from a domestic violence shelter, program or rape crisis center as a result of domestic violence, sexual assault or stalking AND/OR 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*
- Death of an immediate family member (own/spouse’s child(ren), parents, siblings and grandparents)*
- Personal emergency*
- Transportation*
- Non-medical related appointment*
- Vacation / Personal Day (Longevity bonus will be paid out if eligible) **Number of days requested:** _____*
- Other:*
(Please explain) _____

Employee Signature

Date

Manager Signature

Date

11860 Pierce St., Suite 200
Riverside, California 92505

Tel: (951) 808 - 5405
Fax: (888) 632 -7001

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