



ABSENCE REQUEST

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

- (951) 808-5405 – RIVERSIDE OFFICE
- (562) 472-0605 – CERRITOS OFFICE
- (949) 478-4992 – NEWPORT BEACH 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 (Discretionary bonus will be paid out if eligible) **Number of days requested:** _____
- Other:
(Please explain) _____

Employee Signature

Date

Manager Signature

Date