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|--|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Delavan Ford | <input type="checkbox"/> Mt. Carroll | <input type="checkbox"/> Oregon | <input type="checkbox"/> Monmouth |
| <input type="checkbox"/> Delavan Chevy | <input type="checkbox"/> Macomb | <input type="checkbox"/> Morrison | <input type="checkbox"/> Stoughton |
| <input type="checkbox"/> Elkhorn GM | <input type="checkbox"/> Sterling Ford | <input type="checkbox"/> Q- Honda | <input type="checkbox"/> Woodstock |
| <input type="checkbox"/> Elkhorn CDJR | <input type="checkbox"/> Sterling CDJR | <input type="checkbox"/> Q - Hyundai | <input type="checkbox"/> Kunes Mgmt. |
| <input type="checkbox"/> Antioch | | | |

Absence or Vacation Request

Absence Information

Employee Name: _____

Employee Number: _____ Department: _____

Manager: _____

Type of Absence Requested:

- | | | | |
|-----------------------------------|--|--|---|
| <input type="checkbox"/> Sick | <input type="checkbox"/> Paid Vacation | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Time Off Without Pay |
| <input type="checkbox"/> Military | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Maternity/Paternity | <input type="checkbox"/> Other: _____ |

Dates of Absence: From: _____ To: _____

Reason for Absence:

You must submit requests for absences, other than Sick or Bereavement Leave 30 days prior to the first day you will be absent.

Employee Signature

Date

Manager Approval

- ☐ Approved
- ☐ Rejected

Comments:

Manager Signature

Date