KUNES		Delavan FL	☐Elkhorn CDJR	•	\square Quincy Honda
	R	Delavan CC	□Elkhorn GM	☐ Sterling FL	☐ Quincy Hyunda
th • Family • Giving B	lack	∃Mt. Carroll ∃Antioch	☐ Macomb ☐ Morrison	☐ Sterling CDJR ☐ Monmouth	☐ Stoughton ☐ Woodstock
Ikhorn RV	☐ Freedom RV		neveld	□ Collision (Macomb)	☐Management
reen Bay RV			lision (Delavan)	☐ Commercial (Antioch)	go
estination RV	□Platteville	□Col	lision (Sterling)	\square Commercial (Delavan)	
Absence or Vac	ation Reque	st			
		Abs	ence Information		
Employee Name: _					
Employee Number:	Department:				
Manager:					
Type of Absence Re	quested:				
Sick	☐ Pa	aid Vacation	☐ Bereav	vement	ne Off Without Pay
☐ Military	☐ Ju	iry Duty	☐ Matern	ity/Paternity 🗌 Otl	ner:
Dates of Absence: F	rom:		Т	o:	
Reason for Absence	:				
You must submit re	guests for abse	nces. other tha	n Sick or Bereaver	ment Leave 30 days p	rior to the first day vo
will be absent.	7				, ,
Employee Signature		Date			
		Ма	nager Approval		
☐ Approved					
Rejected					
Comments:					

Manager Signature Date