



Clinton County Government

Absence Request

Absence Information

Employee Name: _____

Department: _____

Department Head: _____

Type of Absence Requested:

- Sick Vacation Bereavement Time Off Without Pay
- Personal Day Jury Duty FMLA Other : _____

Dates of Absence: From: _____ To: _____

For Doctor Appointments: Time Leaving Work: _____ Time Returning to Work: _____

For doctor appointments, you must submit verification of the appointment, as required by Union contract and/or policy. This verification needs to be the original return to work slip showing the facility name, location(s), phone number, physician(s) name(s) and the physician's original signature, date and time of appointment and any restrictions.

Reason for Absence:

You must submit requests for absences in a timely matter, as required by Union contract and/or policy.

Employee Signature

Date

Department Head Approval

- Approved
- Rejected

Comments: Please mark below whether this occurrence counts towards the attendance policy guidelines. NOTE: As previously established, approved FMLA and pre-approved time (including sick) will not count as an occurrence.

- Yes
- No

Department Head Signature

Date