



FRIENDS RESEARCH INSTITUTE, INC.

REQUEST FOR ABSENCE FROM WORK

Employee Name:

Today's Date:

Date(s) Requested:

Charge to:

Vacation (# of hours): _____

Sick/Doctor's Appointment (# of hours): _____

Personal Leave (# of hours): _____

Other (# of hours): _____

Employee Signature: _____

Approval Signature: _____