



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:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_