



DHAMY SIVAMOCHAN, MD

PHONE: (812) 752-4001

WEB: WWW.FMA-PC.COM

Employee Time off Work Request

Employee name: _____ Title: _____

Manager name: _____ Date: _____

Employee Information for Time Off Request

Request Type:

- Sick Vacation Bereavement Time off without pay Military
 Jury duty Maternity or paternity Other: _____

Requested dates: _____
From _____ To _____

Reason for absence: _____

Coverage (if applicable): _____

Employee signature: _____ Date: _____

Employee name: _____

Approval Information

Approval status: Approved Denied

Comments:

Manager signature: _____ Date: _____

Manager name: _____